

Department of Social Services MO HealthNet Division

Fiscal Year 2021 Budget Request Book 6 of 6

Jennifer Tidball, Acting Director

Table of Contents

TABLE OF CONTENTS

MO HEALTHNET DIVISION – VOLUME 1

Department Request Summary	1
NDI – MO HealthNet Cost to Continue	10
NDI – Nursing Facility Capital Investment Cost to Continue	27
NDI – Managed Care Actuarial Rate Increase.....	32
NDI – Managed Care Health Insurer Fee	39
NDI – Asset Limit FY20 Cost to Continue.....	45
NDI – Asset Limit FY21 Phase In	56
Core – MO HealthNet Administration.....	67
NDI – MOM Grant	83
Core – Clinical Services Program Management.....	87
Core – MO HealthNet Transformation	97
Core – Third Party Liability (TPL) Contracts	104
Core – Information Systems	113
NDI – MMIS Claims Transactions.....	125
NDI –CMSP Operational Costs.....	131
NDI – MMIS Security Risk Assessments.....	137
NDI – MMIS Drug Rebate System Replacement.....	143
NDI – MMIS Premium Collections	149
NDI – MMIS Core Replacement	154
Core – Electronic Health Records Incentives	161
Core – Hospital Information Technology (HIT)	171
Core – HITECH	178
Core – Money Follows the Person	185
Core – Pharmacy	195
NDI – Pharmacy PMPM Increase Specialty	214
Core – Pharmacy Clawback	222
Core – Missouri RX Plan.....	232
Core – Pharmacy FRA (PFRA)	241
Core – Physician	248
NDI – PACE	269
NDI – CCBHO	274
Core – Dental	281

TABLE OF CONTENTS

MO HEALTHNET DIVISION – VOLUME 2

Core – Premium Payments	292
NDI – Premium Increase	305
Core – Nursing Facilities	312
Core – Home Health	326
Core – Nursing Facilities Reimbursement Allowance (NFRA)	337
Core – Long Term Support Payments	344
Core – Rehab and Specialty Services	351
NDI – Hospice Rate Increase	368
Core – Treat No Transport (TNT)	373
NDI – Treat No Transport	380
Core – Non-Emergency Medical Transportation (NEMT)	384
NDI – NEMT Actuarial Increase	397
Core – Ground Emergency Medical Transportation (GEMT)	403
Core – Complex Rehab Technology	411
Core – Managed Care	421
Core – Hospital Care	436
Core – Physician Payments for Safety Net Hospitals	451
NDI – Physician Payments for Safety Net Fee for Service Cost to Continue	458
Core – Federally Qualified Health Centers (FQHC) Distribution	462
Core – Health Homes	479
NDI – Health Homes Expansion	489
Core – Federal Reimbursement Allowance (FRA)	495
NDI – FRA Increase Cost to Continue	502
Core – IGT Safety Net Hospitals	506
Core – Children’s Health Insurance Program (CHIP)	513
Core – Show-Me Healthy Babies	526
Core – School District Medicaid Claiming	539
Core – Blind Pension Medical	549
Core – IGT DMH Medicaid Program	559
Core – MHD Non-Count Transfers	566

Core - Premium Payments

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Premium Payments

Budget Unit: 90547C

HB Section: 11.655

1. CORE FINANCIAL SUMMARY

	FY 2021 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	87,234,646	176,554,273		263,788,919
TRF				
Total	87,234,646	176,554,273	0	263,788,919

FTE	0.00	0.00	0.00	0.00
------------	-------------	-------------	-------------	-------------

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

FY 2021 Governor's Recommendation

	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0

FTE	0.00
------------	-------------

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This item funds premium payments for health insurance through the following MO HealthNet programs:

- 1) Medicare Buy-In program for individuals dually enrolled in MO HealthNet and Medicare
 - 2) Health Insurance Premium Payment (HIPP) program for individuals enrolled in MO HealthNet and commercial or employer-sponsored health insurance
- Payment of these premiums allows MO HealthNet to transfer medical costs from the MO HealthNet program to Medicare and other payers.

3. PROGRAM LISTING (list programs included in this core funding)

Premium Payments Program:
Medicare Part A and Part B Buy-In
Health Insurance Premium Payment (HIPP) Program

CORE DECISION ITEM

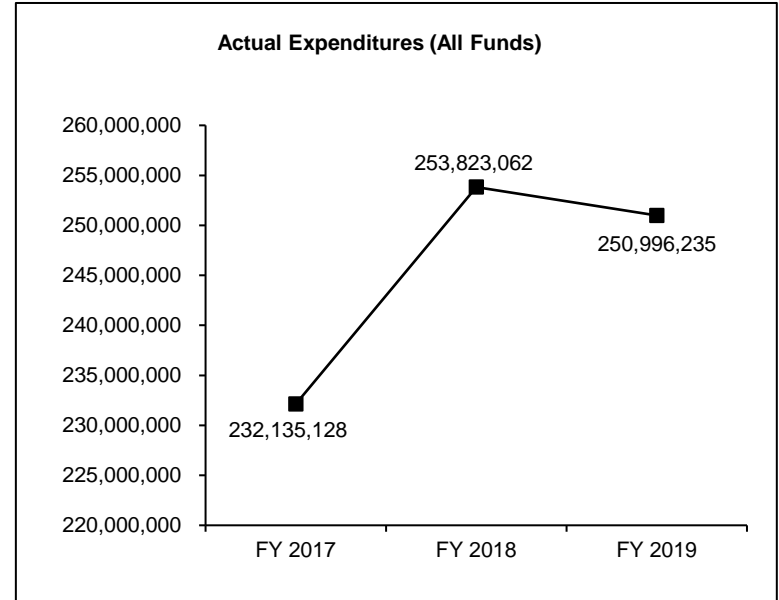
Department: Social Services
Division: MO HealthNet
Core: Premium Payments

Budget Unit: 90547C

HB Section: 11.655

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	243,555,400	255,692,821	259,472,644	263,788,919
Less Reverted (All Funds)	(2,347,111)	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	241,208,289	255,692,821	259,472,644	263,788,919
Actual Expenditures (All Funds)	232,135,128	253,823,062	250,996,235	N/A
Unexpended (All Funds)	9,073,161	1,869,759	8,476,409	N/A
Unexpended, by Fund:				
General Revenue	113	325,744	2	N/A
Federal	9,073,048	1,544,015	8,476,407	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY17 - \$2,110,169 GR was flexed in to cover program expenditures.

(2) FY18 - \$2,027,927 GR and \$3,493,498 Fed was used as flex to cover other program expenditures.

(3) FY19 - \$4,567,606 GR was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PREMIUM PAYMENTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	87,234,646	176,554,273	0	263,788,919	
	Total	0.00	87,234,646	176,554,273	0	263,788,919	
<hr/>							
DEPARTMENT CORE REQUEST	PD	0.00	87,234,646	176,554,273	0	263,788,919	
	Total	0.00	87,234,646	176,554,273	0	263,788,919	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	PD	0.00	87,234,646	176,554,273	0	263,788,919	
	Total	0.00	87,234,646	176,554,273	0	263,788,919	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	82,695,548	0.00	87,234,646	0.00	87,234,646	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	168,300,687	0.00	176,554,273	0.00	176,554,273	0.00	0	0.00
TOTAL - PD	250,996,235	0.00	263,788,919	0.00	263,788,919	0.00	0	0.00
TOTAL	250,996,235	0.00	263,788,919	0.00	263,788,919	0.00	0	0.00
MHD CTC - 1886001								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,431,573	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	3,431,573	0.00	0	0.00
TOTAL	0	0.00	0	0.00	3,431,573	0.00	0	0.00
Premium Increase - 1886003								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	8,714,001	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	18,097,059	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	26,811,060	0.00	0	0.00
TOTAL	0	0.00	0	0.00	26,811,060	0.00	0	0.00
GRAND TOTAL	\$250,996,235	0.00	\$263,788,919	0.00	\$294,031,552	0.00	\$0	0.00

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90547C BUDGET UNIT NAME: Premium Payments HOUSE BILL SECTION: 11.655	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; text-align: right;">Total</td> <td style="width: 15%; text-align: right;">% Flex</td> <td style="width: 15%; text-align: right;">Flex Amount</td> <td style="width: 55%;"></td> </tr> <tr> <td style="text-align: right;">\$294,031,552</td> <td style="text-align: right;">10%</td> <td style="text-align: right;">\$29,403,155</td> <td>Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.</td> </tr> </table>		Total	% Flex	Flex Amount		\$294,031,552	10%	\$29,403,155	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.
Total	% Flex	Flex Amount							
\$294,031,552	10%	\$29,403,155	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
\$12,100,000	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
Flex was used to cover shortfalls in Hospital payments until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.								

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	250,996,235	0.00	263,788,919	0.00	263,788,919	0.00	0	0.00
TOTAL - PD	250,996,235	0.00	263,788,919	0.00	263,788,919	0.00	0	0.00
GRAND TOTAL	\$250,996,235	0.00	\$263,788,919	0.00	\$263,788,919	0.00	\$0	0.00
GENERAL REVENUE	\$82,695,548	0.00	\$87,234,646	0.00	\$87,234,646	0.00		0.00
FEDERAL FUNDS	\$168,300,687	0.00	\$176,554,273	0.00	\$176,554,273	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.655

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

1a. What strategic priority does this program address?

Cost avoidance by paying Medicare and Private Insurance Premiums

1b. What does this program do?

The purpose of the Medicare Buy-in Program and the Health Insurance Premium Payment (HIPP) Program is to allow states to enroll certain groups of eligible individuals in Medicare or private insurance and pay their monthly premiums to transfer medical costs from the Title XIX Medicaid program to the Medicare program - Title XVIII or other payers. This process allows the state to realize cost savings through substitution of Medicare or other payer liability for the majority of the medical costs before a provider may seek reimbursement for the remaining uncompensated portion of the services.

Medicare Buy-In Program

Medicare has three sets of basic coverage:

- Part A, which pays for hospitalization costs
- Part B, which pays for physician services, lab and x-ray services, durable medical equipment, and outpatient and other services
- Part D which provides coverage of prescription drug costs (see MORx tab for additional information on Part D)

The Medicare Buy-In Program assists “dual eligible” individuals, who are entitled to Medicare Part A and/or Part B and are eligible for some form of MO HealthNet benefit, by reducing their out-of-pocket expenses. There are two types of dual eligible—full duals and partial duals. For partial duals, MO HealthNet only funds the Medicare Part A and/or Part B premium. For full duals MO HealthNet funds the Medicare Part A and/or Part B premium and the participant receives MO HealthNet “wrap-around” benefits. Wrap-around benefits include payments for Medicare coinsurance, Medicare deductibles, and any other service not covered by Medicare. *For more information on dual eligibility categories, see Additional Details.*

Health Insurance Premium Payment (HIPP) Program

States are federally mandated to purchase group health insurance (such as employer-sponsored insurance) for an eligible MO HealthNet participant when it is more cost-effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO HealthNet funds (Omnibus Budget Reconciliation Act of 1990). The HIPP program pays for health insurance for MO HealthNet eligible when it is determined to be “cost effective.” “Cost effective” means that it costs less to buy other health insurance to cover medical care than to pay for the same services with MO HealthNet funds. *See additional details for more information on how cost effectiveness is determined.*

Reimbursement Methodology

Medicare and private insurance premiums are paid monthly. Payment is made directly to Medicare for the Medicare Buy-In Program or the private health insurer for the HIPP Program. Any MO HealthNet wrap-around payments (coinsurance, deductibles, or services not covered by Medicare) made on behalf of full dual eligibles is paid out of the applicable fee-for-service lines (Pharmacy, Physicians-Related Services, Hospital, etc.). These wrap-around payments for full dual eligibles are sometimes called “crossover claims.”

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.655

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

Rate History

Medicare Part A, Part B, and Qualified Individual Premiums (per month)

	Part A	Part B & QI
CY19	\$437.00	\$135.50
CY18	\$422.00	\$134.00
CY17	\$413.00	\$134.00
CY16	\$411.00	\$121.80
CY15	\$407.00	\$104.90
CY14	\$426.00	\$104.90

Additional Details

HIPP Cost Effectiveness

Cost effectiveness is determined by comparing the cost of the medical coverage (includes premium payments, coinsurance, and deductibles) with the average cost of each MO HealthNet eligible person in the household. The average cost of each MO HealthNet participant is calculated based on the previous year's MO HealthNet expenditures with like demographic data: age; sex; geographic location (county); type of assistance (MO HealthNet for Families - MAF, Old Age Assistance - OAA, and disabled); and the types of services covered by the group insurance.

Program is operated on the Federal Fiscal Year, therefore SFY20 figures will not be available until after

Full Dual Beneficiary Categories

Qualified Medicare Beneficiary (QMB) Plus:

- MO HealthNet pays Part A (if applicable) and Part B premiums
- Individuals below 100% FPL
- Includes MO HealthNet wrap-around benefits

Specified Low-Income Medicare Beneficiary (SLMB) Plus:

- MO HealthNet pays only Part B premiums
- Individuals from 100-120% FPL
- Includes MO HealthNet wrap-around benefits

Partial Dual Beneficiary Categories

QMB Only:

- MO HealthNet pays both Part A (if applicable) and Part B premiums
- Individuals below 100% FPL
- No MO Health Net wrap-around benefits

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.655

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

SLMB Only:

- MO HealthNet pays only Part B premiums
- Individuals from 100-120% FPL
- No Medicaid wrap-around benefits

Qualified Individuals (QI):

- MO HealthNet pays only Part B premiums
- Individuals from 120-135% FPL
- Federal Funding 100%
- No MO HealthNet wrap-around benefits

Partial "Undesignated":

- Partial duals with income 135% FPL or greater
- Can include the following individuals:
 - Recipients of supplemental nursing care payments
 - SSI recipients
 - Individuals on spenddown

MO HealthNet pays only Part B premiums.

Individuals receive full MO HealthNet benefits.

PROGRAM DESCRIPTION

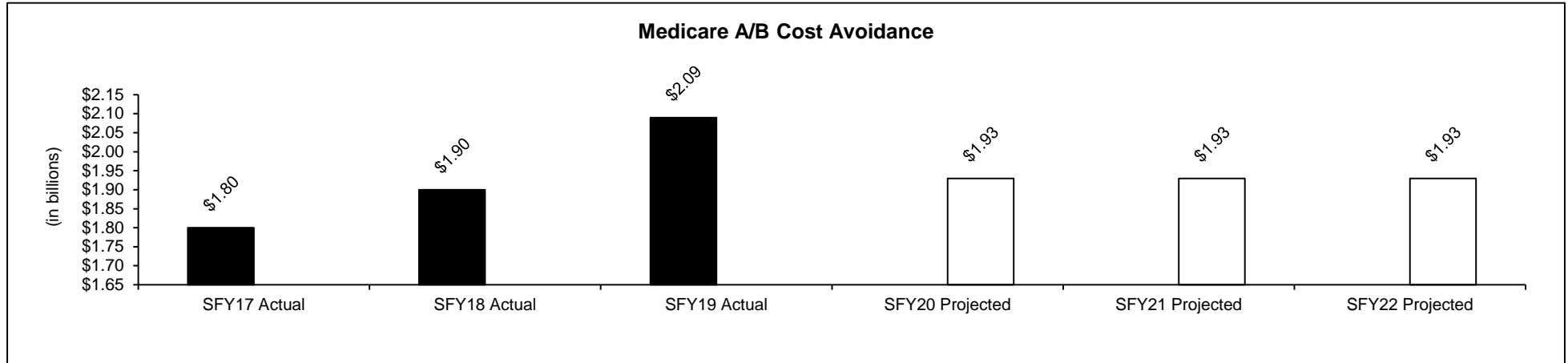
Department: Social Services

HB Section(s): 11.655

Program Name: Premium Payments

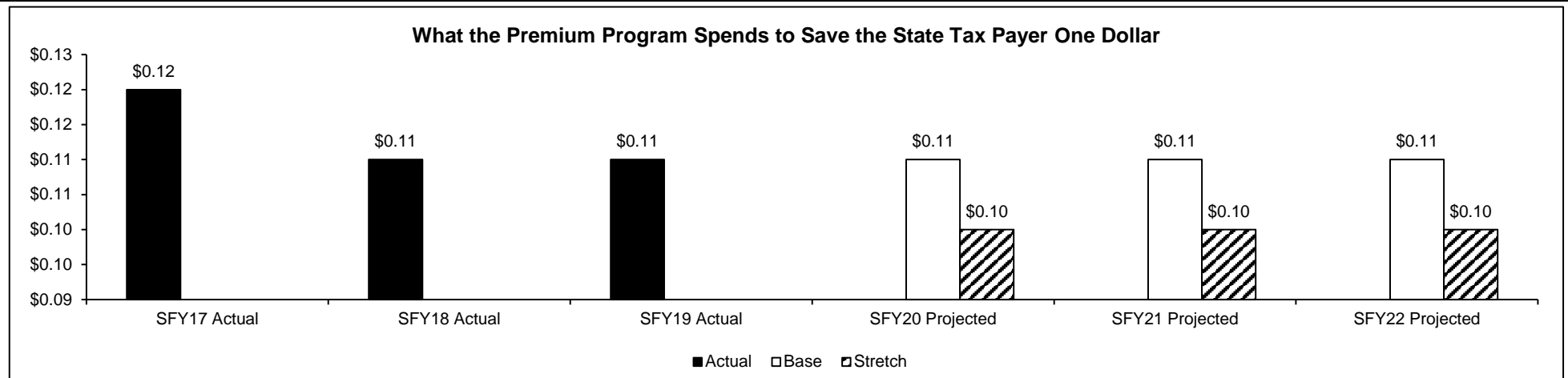
Program is found in the following core budget(s): Premium Payments

2a. Provide an activity measure(s) for the program.



SFY19 actual amount is higher than normal due to special project which automated the process to receive Medicare data. Starting in SFY20, projections are expected to align more closely with SFY18.

2b. Provide a measure(s) of the program's quality



PROGRAM DESCRIPTION

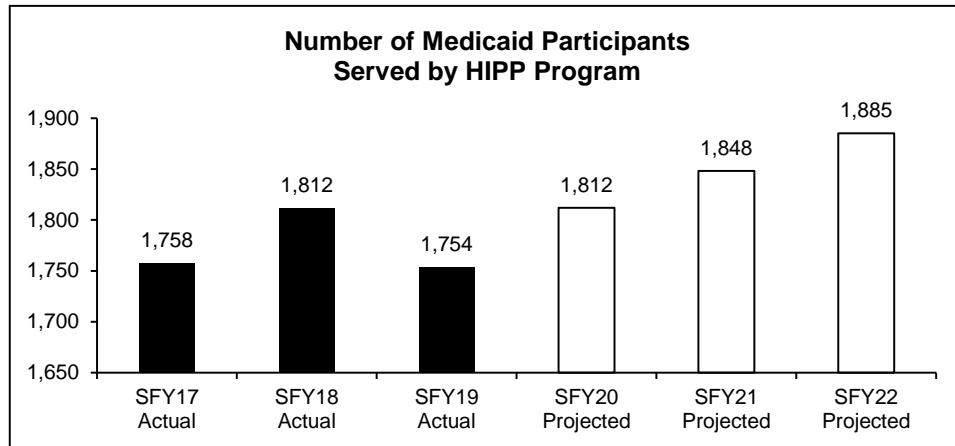
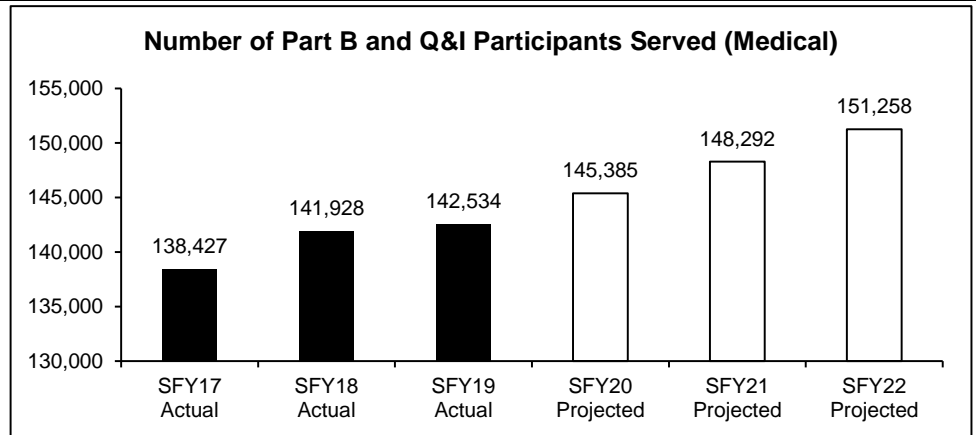
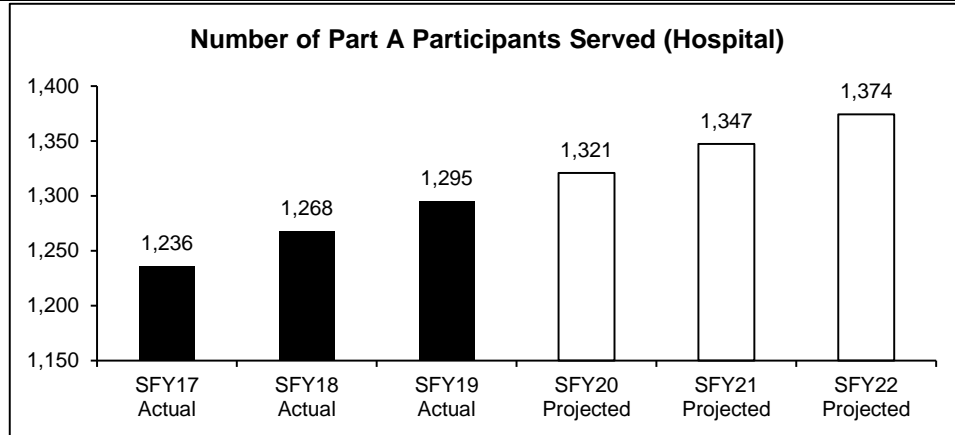
Department: Social Services

HB Section(s): 11.655

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

2c. Provide a measure of the program's impact.



Participants:

Part A (Hospital) premium payments can be made for Qualified Medicare Beneficiaries (QMBs) and Qualified Disabled Working Individuals.

Part B (Medical) premium payments can be made for Individuals meeting certain income standards, QMBs, and Specified Low-Income Medicare Beneficiaries.

HIPP: Provisions of OBRA 90 require states to purchase group health insurance for a MO Health Net participant when it is more cost effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO Health Net funds. The decrease in participants in the HIPP Program in FY 2019 is due to overall decreased enrollment in Medicaid in Missouri, but is still on par with numbers from prior years.

PROGRAM DESCRIPTION

Department: Social Services

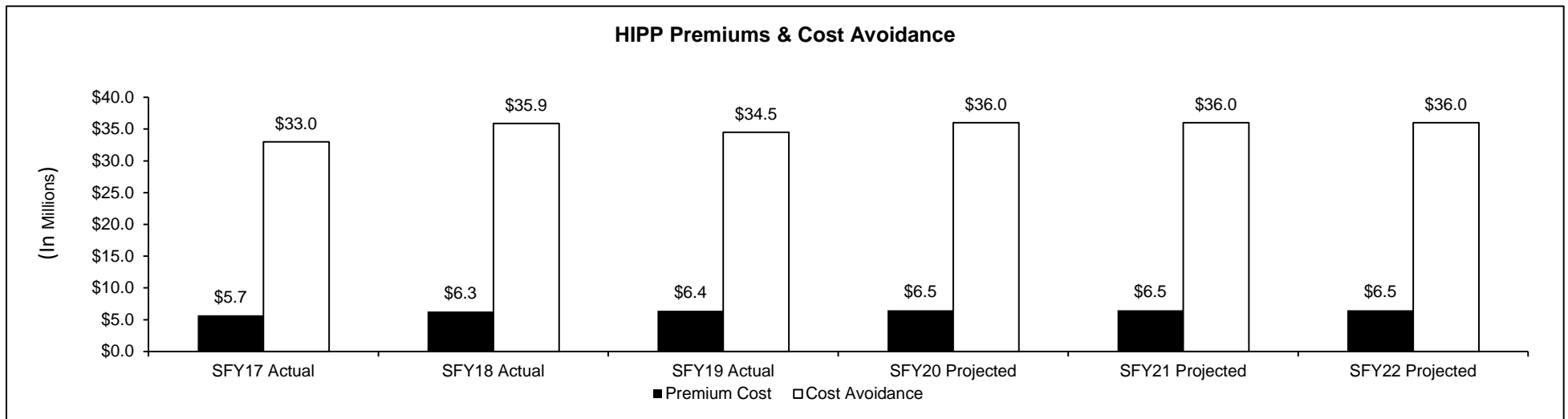
HB Section(s): 11.655

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

2d. Provide a measure of the program's efficiency.

Increase cost avoidance by paying for health insurance premiums, coinsurance, and deductibles for the MO Health Net eligible population when it is cost effective to do so. In FY18, the MO Health Net Division paid \$6.3 million for health insurance premiums, coinsurance and deductibles and avoided \$35.9 million in costs.



PROGRAM DESCRIPTION

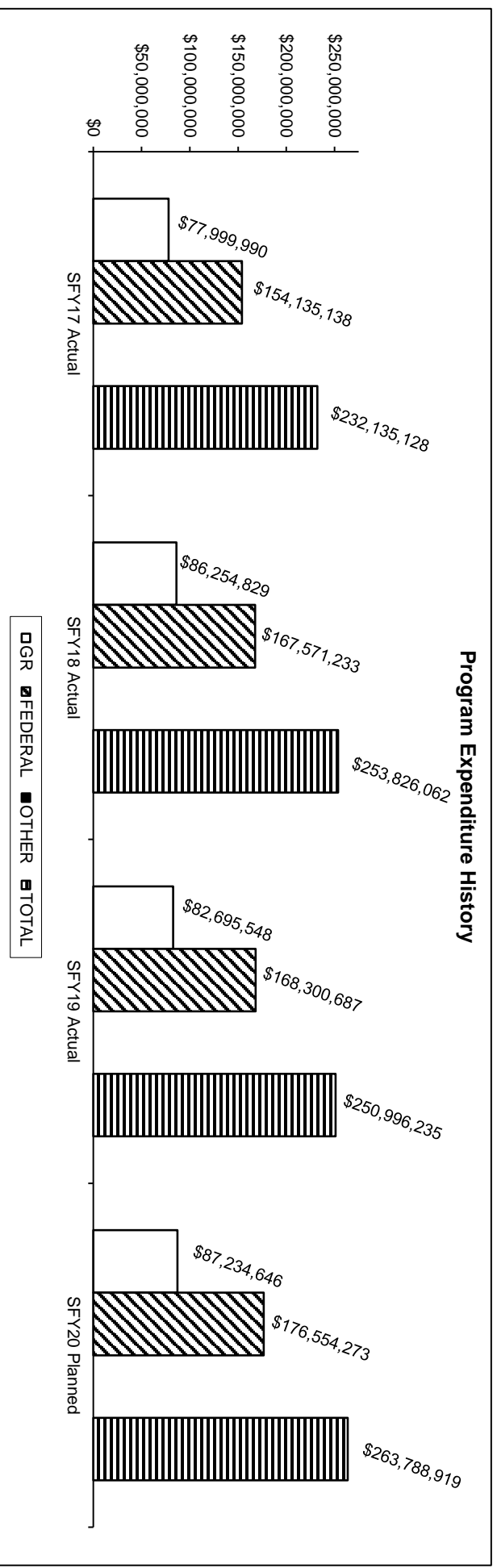
HB Section(s): 11.655

Department: Social Services

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.153, RSMo.; Federal law: Social Security Act Section 1905(p)(1), 1902(a)(10) and 1906; Federal Regulation: 42 CFR 406.26 and 431.625
 requirement is around 35% and the federal match is around 65%.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program.

NDI - Premium Increase

NEW DECISION ITEM
RANK: 17 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase

Budget Unit: 90547C

DI# 1886003

HB Section: 11.655

1. AMOUNT OF REQUEST

	FY 2021 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	8,714,001	18,097,059		26,811,060
TRF				
Total	<u>8,714,001</u>	<u>18,097,059</u>	<u>0</u>	<u>26,811,060</u>
FTE	0.00	0.00	0.00	0.00

Est. Fringe	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

	FY 2021 Governor's Recommendation			
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
FTE				0.00

Est. Fringe	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Medicare Part A and Part B premiums are adjusted each January by the federal government. Current premium rates (effective January 2019) are \$437 per month for Part A and \$135.50 per month for Part B. Part A rates are assumed to increase \$5 and Part B premium rates are assumed to increase \$15 beginning January 2020, and again in January 2021. This request is for the last six months of funding for the calendar year 2020 premium increase and the first six months of funding for the expected premium increase for calendar year 2021.

The Federal Authority is Social Security Act Section 1905(p)(1), 1902(a)(10), and 1906 and Federal Regulations 42 CFR 406.26 and 431.625. The State Authority is Section 208.153, RSMo.

NEW DECISION ITEM
RANK: 17 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase

Budget Unit: 90547C

DI# 1886003

HB Section: 11.655

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The number of eligibles was projected based on historical data. The projected premium increases are based on the average increases in premiums for the last few years as well as other information sources. The federal matching rate used is the FY21 FMAP of 65.65%. States are only required to pay the federal share for Qualified Individuals (QIs). A QI is an individual with income between 120% and 135% of the federal poverty level, with assets of \$7,730 per individual and \$11,600 per couple, indexed each year according to the Consumer Price Index.

	Department Request		
	Part A	Part B	QI
Eligibles per month (FY19)	1,293	138,862	8,253
Premium Increase (1/20)	\$5.00	\$15.00	\$15.00
Premium Increase (1/21)	\$5.00	\$15.00	\$15.00

Calendar Year 2020 Increase:

Projected average eligibles/month	1,287	140,749	7,844
Premium increase for 2020	\$5.00	\$15.00	\$15.00
Number of months to increase	6	6	6
Projected increase 7/20 - 12/20	38,610	12,667,410	705,960

Calendar Year 2021 Increase:

Projected average eligibles/month	1,280	140,265	8,187
Premium increase for 2021	\$5.00	\$15.00	\$15.00
Number of months to increase	6	6	6
Projected increase 1/21 - 6/21	38,400	12,623,850	736,830

Total Projected Increase SFY21	77,010	25,291,260	1,442,790
---------------------------------------	---------------	-------------------	------------------

	Total	GR	Federal	QI Federal only
Part A Request	77,010	26,453	50,557	
Part B Request	25,291,260	8,687,548	16,603,712	
Part B QI	1,442,790		1,442,790	
	26,811,060	8,714,001	18,097,059	

NEW DECISION ITEM
RANK: 17 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase

Budget Unit: 90547C

DI# 1886003

HB Section: 11.655

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	8,714,001		18,097,059		0		26,811,060		0
Grand Total	8,714,001	0.0	18,097,059	0.0	0	0.0	26,811,060	0.0	0

NEW DECISION ITEM
RANK: 17 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase

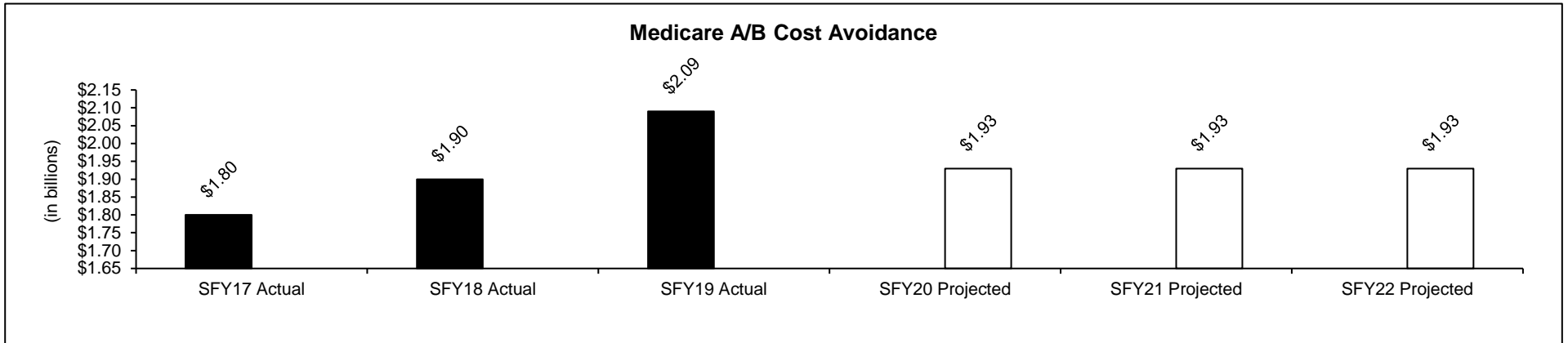
DI# 1886003

Budget Unit: 90547C

HB Section: 11.655

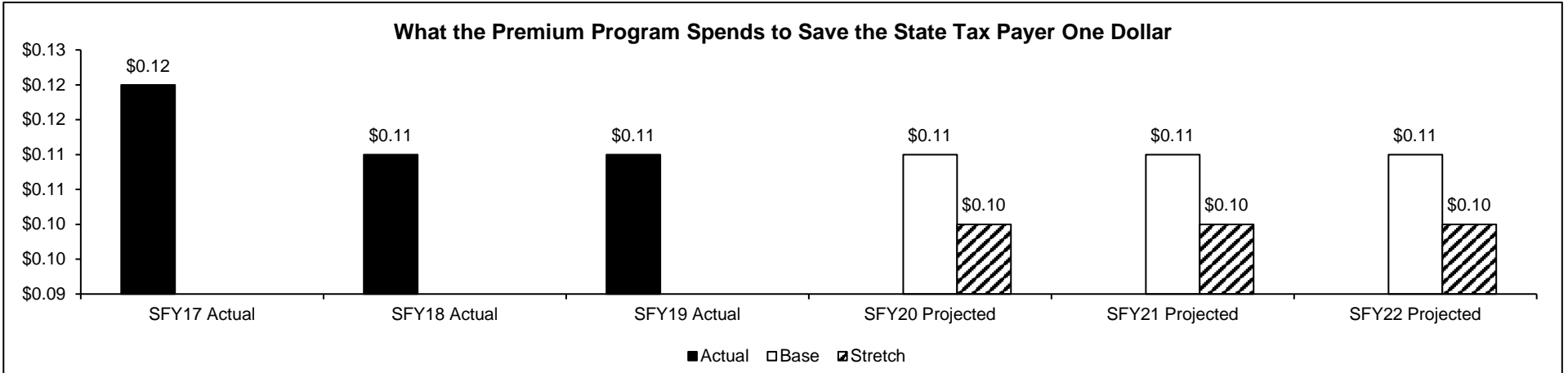
6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.



*SFY19 actual amount is higher than normal due to a special project which automated the process to receive Medicare data. Starting in SFY20, projections are expected to align more closely with SFY18.

6b. Provide a measure of the program's quality.



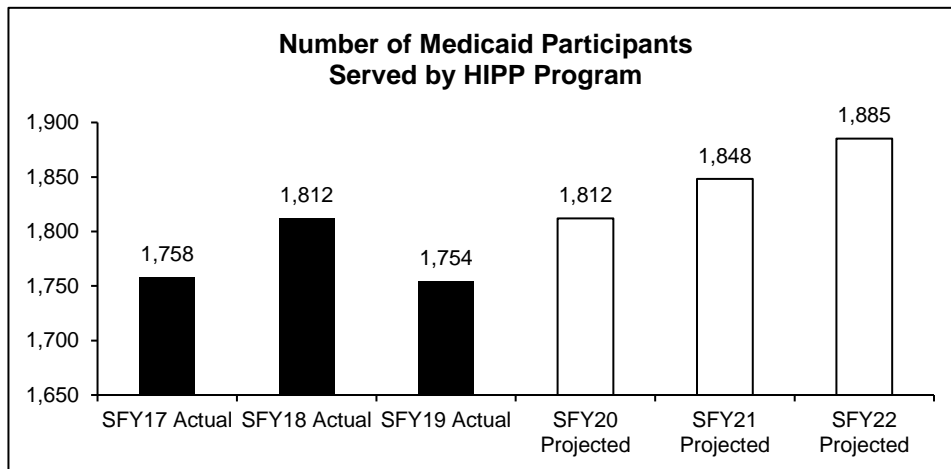
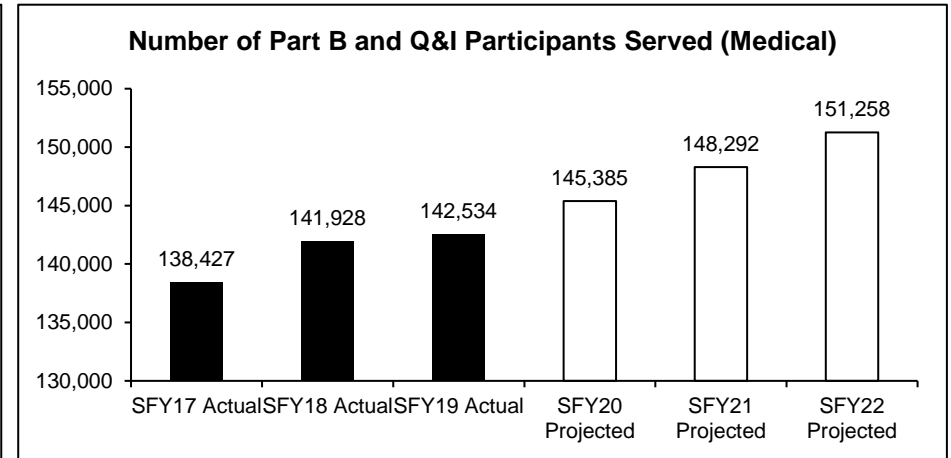
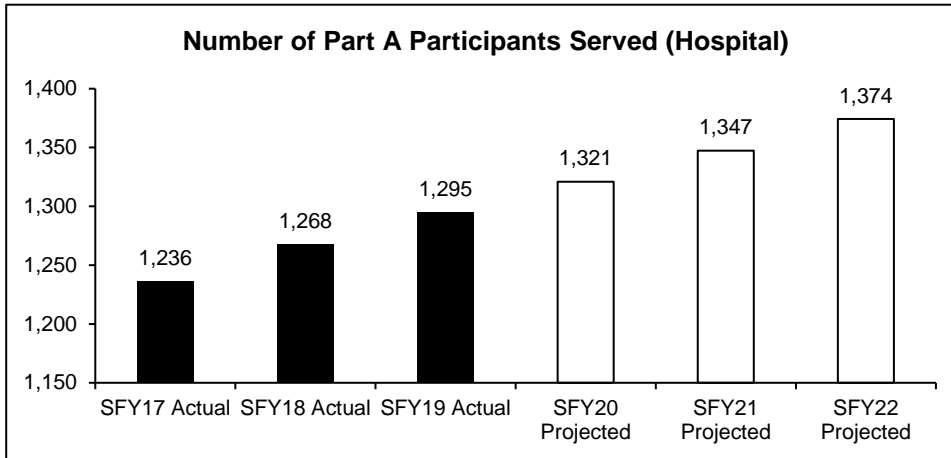
Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase

DI# 1886003

Budget Unit: 90547C

HB Section: 11.655

6c. Provide a measure of the program's impact.



Participants:

Part A (Hospital) premium payments can be made for Qualified Medicare Beneficiaries (QMBs) and Qualified Disabled Working Individuals.

Part B (Medical) premium payments can be made for Individuals meeting certain income standards, QMBs, and Specified Low-Income Medicare Beneficiaries.

HIPP: Provisions of OBRA 90 require states to purchase group health insurance for a MO Health Net participant when it is more cost effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO Health Net funds. The decrease in participants in the HIPP Program in FY 2019 is due to overall decreased enrollment in Medicaid in Missouri, but is still on par with numbers from prior years.

NEW DECISION ITEM
RANK: 17 OF 36

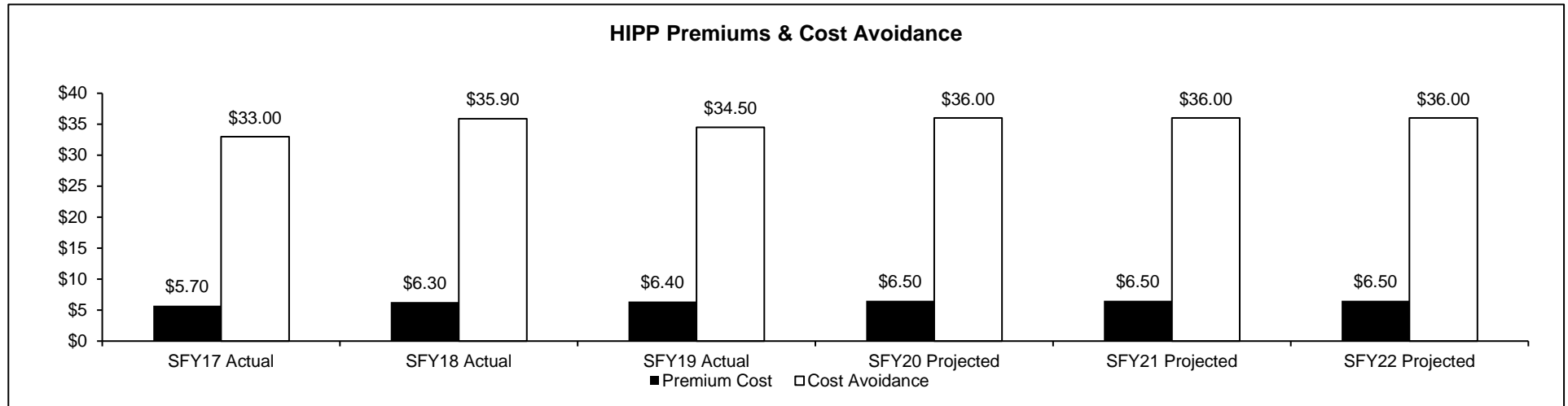
Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase

DI# 1886003

Budget Unit: 90547C
HB Section: 11.655

6d. Provide a measure of the program's efficiency

Increase cost avoidance by paying for health insurance premiums, coinsurance, and deductibles for the MO Health Net eligible population when it is cost effective to do so. In FY18, the MO Health Net Division paid \$6.3 million for health insurance premiums, coinsurance and deductibles and avoided \$35.9 million in costs.



7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

- An automated process that receives Medicare data more quickly and efficiently.
- Increase cost avoidance by paying for health insurance premiums, coinsurance, and deductibles for the MO Health Net eligible population when it is cost effective to do so.

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
Premium Increase - 1886003								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	26,811,060	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	26,811,060	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$26,811,060	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$8,714,001	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$18,097,059	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - Nursing Facilities

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities

Budget Unit: 90549C

HB Section: 11.660

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	153,904,776	417,920,475	65,509,459	637,334,710
TRF				
Total	153,904,776	417,920,475	65,509,459	637,334,710
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Uncompensated Care Fund (UCF) (0108) - \$58,516,478
Third Party Liability Collections Fund (TPL) (0120) - \$6,992,981

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This core is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities

CORE DECISION ITEM

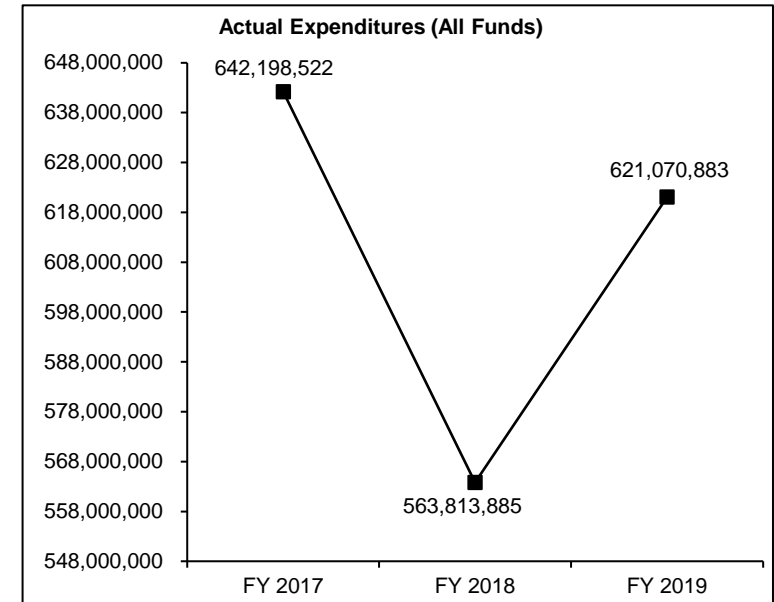
Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities

Budget Unit: 90549C

HB Section: 11.660

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	645,145,957	594,273,388	621,537,768	640,825,905
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	645,145,957	594,273,388	621,537,768	640,825,905
Actual Expenditures (All Funds)	642,198,522	563,813,885	621,070,883	N/A
Unexpended (All Funds)	2,947,435	30,459,503	466,885	N/A
Unexpended, by Fund:				
General Revenue	1,837,934	5,208,909	1	N/A
Federal	1,109,501	14,178,503	466,884	N/A
Other	0	11,072,091	0	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY17 - Expenditures of \$4,940,206 were paid for Home and Community Based Services.

(2) FY18 - \$5,208,909 GR and \$14,178,502 Fed was used as flex to cover other program expenditures. There was an Agency Reserve amount of \$11,072,091 due to a lack of fund balance for the Senior Services Protection Fund.

(3) FY19 - \$3,515,525 GR and \$21,000,000 Fed was used as flex to cover other program expenditures. \$1,634,345 was held in Agency Reserve in the GR fund (0101). \$1,982,426 was held in Agency Reserve in the Third Party Liability Fund (0120) due to a lack of fund balance.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITIES**

5. CORE RECONCILIATION DETAIL

			Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES									
			PD	0.00	155,041,281	420,275,165	65,509,459	640,825,905	
			Total	0.00	155,041,281	420,275,165	65,509,459	640,825,905	
DEPARTMENT CORE ADJUSTMENTS									
Core Reduction	577	6473	PD	0.00	0	(2,354,690)	0	(2,354,690)	Core Reduction due to estimated lapse.
Core Reduction	577	6472	PD	0.00	(1,136,505)	0	0	(1,136,505)	Core Reduction due to estimated lapse.
NET DEPARTMENT CHANGES				0.00	(1,136,505)	(2,354,690)	0	(3,491,195)	
DEPARTMENT CORE REQUEST									
			PD	0.00	153,904,776	417,920,475	65,509,459	637,334,710	
			Total	0.00	153,904,776	417,920,475	65,509,459	637,334,710	
GOVERNOR'S RECOMMENDED CORE									
			PD	0.00	153,904,776	417,920,475	65,509,459	637,334,710	
			Total	0.00	153,904,776	417,920,475	65,509,459	637,334,710	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITIES								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	152,124,247	0.00	155,041,281	0.00	153,904,776	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	405,401,630	0.00	420,275,165	0.00	417,920,475	0.00	0	0.00
UNCOMPENSATED CARE FUND	58,516,478	0.00	58,516,478	0.00	58,516,478	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	5,010,555	0.00	6,992,981	0.00	6,992,981	0.00	0	0.00
HEALTHY FAMILIES TRUST	17,973	0.00	0	0.00	0	0.00	0	0.00
TOTAL - PD	621,070,883	0.00	640,825,905	0.00	637,334,710	0.00	0	0.00
TOTAL	621,070,883	0.00	640,825,905	0.00	637,334,710	0.00	0	0.00
NF Capital Investment CTC - 1886023								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	7,839,256	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	14,941,331	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	22,780,587	0.00	0	0.00
TOTAL	0	0.00	0	0.00	22,780,587	0.00	0	0.00
GRAND TOTAL	\$621,070,883	0.00	\$640,825,905	0.00	\$660,115,297	0.00	\$0	0.00

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90549C BUDGET UNIT NAME: Nursing Facilities HOUSE BILL SECTION: 11.660	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$660,115,297 </td> <td style="text-align: right; width: 15%;"> % Flex 0.25% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$1,650,288 </td> <td style="width: 55%;"> Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695. </td> </tr> </table>		Total \$660,115,297	% Flex 0.25%	Flex Amount \$1,650,288	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.
Total \$660,115,297	% Flex 0.25%	Flex Amount \$1,650,288	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
N/A	HB11 language allows up to .25% flexibility between 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.	.25% flexibility is being requested for FY21			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.				

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90549C BUDGET UNIT NAME: Nursing Facilities HOUSE BILL SECTION: 11.660	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; text-align: right;">Total</td> <td style="width: 15%; text-align: right;">% Flex</td> <td style="width: 15%; text-align: right;">Flex Amount</td> <td style="width: 55%;"></td> </tr> <tr> <td style="text-align: right;">\$660,115,297</td> <td style="text-align: right;">10%</td> <td style="text-align: right;">\$66,011,530</td> <td> Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740. </td> </tr> </table>		Total	% Flex	Flex Amount		\$660,115,297	10%	\$66,011,530	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.
Total	% Flex	Flex Amount							
\$660,115,297	10%	\$66,011,530	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
\$55,800,000	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
Flex was used to cover shortfalls in Physician payments until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.								

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITIES								
CORE								
PROGRAM DISTRIBUTIONS	621,070,883	0.00	640,825,905	0.00	637,334,710	0.00	0	0.00
TOTAL - PD	621,070,883	0.00	640,825,905	0.00	637,334,710	0.00	0	0.00
GRAND TOTAL	\$621,070,883	0.00	\$640,825,905	0.00	\$637,334,710	0.00	\$0	0.00
GENERAL REVENUE	\$152,124,247	0.00	\$155,041,281	0.00	\$153,904,776	0.00		0.00
FEDERAL FUNDS	\$405,401,630	0.00	\$420,275,165	0.00	\$417,920,475	0.00		0.00
OTHER FUNDS	\$63,545,006	0.00	\$65,509,459	0.00	\$65,509,459	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.660

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

1a. What strategic priority does this program address?

Ensure adequate supply of nursing facilities for MO HealthNet participants

1b. What does this program do?

This program provides reimbursement to nursing facilities for the care of MO HealthNet participants. Providers are reimbursed for MO HealthNet participants based on the participants' days of care multiplied by the facility's Title XIX per diem rate less any patient surplus (i.e., funds contributed by the participant). A per diem rate is established for each nursing facility by the Institutional Reimbursement Unit (IRU) of the MO HealthNet Division (MHD) utilizing a prospective reimbursement system. A prospective rate is established on a particular cost report year and is adjusted in subsequent years for global per diem rate adjustments granted to the industry as a whole. Rates may be recalculated on a more recent cost report year, which is referred to as rebasing. Rates were last rebased in SFY 2005 using 2001 cost reports trended to 2005, with global per diem rate adjustments granted in subsequent years. The per diem rate is paid from both the Nursing Facility budget section and the Nursing Facility Reimbursement Allowance (NFRA) budget section.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.660

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

Rate History

Rate adjustments are funded with General Revenue (GR), General Revenue Equivalents (GRE), and NFRA.

The following are the most recent GR/GRE funded rate adjustments from the Nursing Facility budget section and the NFRA funded adjustments from the NFRA budget section:

SFY	Weighted Avg.	Adjustment	Source
2020	\$161.49	(\$0.75)	GR from NF Approp (Effective 7/1/19 - The SFY 19 supplemental increase of \$1.29 was reduced back to \$0.54 for SFY 20)
2019	\$162.24	\$1.29	GR from NF Approp (Effective 2/1/19-6/30/19 - The SFY 19 supplemental budget provided for a \$0.54 increase that could not be implemented at the beginning of SFY 19 due to restricting budget language. The \$0.54 increase could not be effective until 2/1/19 so it had to be increased to \$1.29 to expend the funds in the remainder of SFY 19.)
	\$160.95	(\$0.47)	NFRA from NFRA Approp (Effective 7/1/18 - Due to a change in the NFRA assessment. The current NFRA assessment rate is included in the per diem rate so changes to the assessment rate affect the per diem rate by the same amount.)
	\$161.42	\$7.76	GR from NF Approp (Effective 7/1/18)
	\$153.66	\$0.54	GR from NF Approp (\$5.37 Decrease reduced to \$4.83 in FY 19, i.e. \$0.54 increase effective 7/1/18)
2018	\$153.12	(\$5.37)	GR from NF Approp (\$5.37 Decrease effective 8/1/17-6/30/18)
2017	\$158.49	\$2.83	GR from NF Approp (Additional Rate Increase for SFY 2017 using GR)
	\$155.66	\$2.09	GR from NF Approp (Continued \$2.09 increase from SFY 2016 using GR)
2016	\$155.66	\$2.09	GRE from NF Approp (Increase from Tax Amnesty Fund only for Jan. 2016 - June 2016)
	\$153.57	\$1.29	NFRA from NFRA Approp

Hospice Room and Board

Increases/Decreases to nursing facility and HIV nursing facility per diem rates also impact the hospice program. Hospice providers that furnish services to MO HealthNet participants residing in a nursing facility will be reimbursed 95% of the nursing facility's per diem rate for room and board, pursuant to 13 CSR 70-50.010 and 1902(a)(13) of the Social Security Act.

PROGRAM DESCRIPTION

Department: Social Services

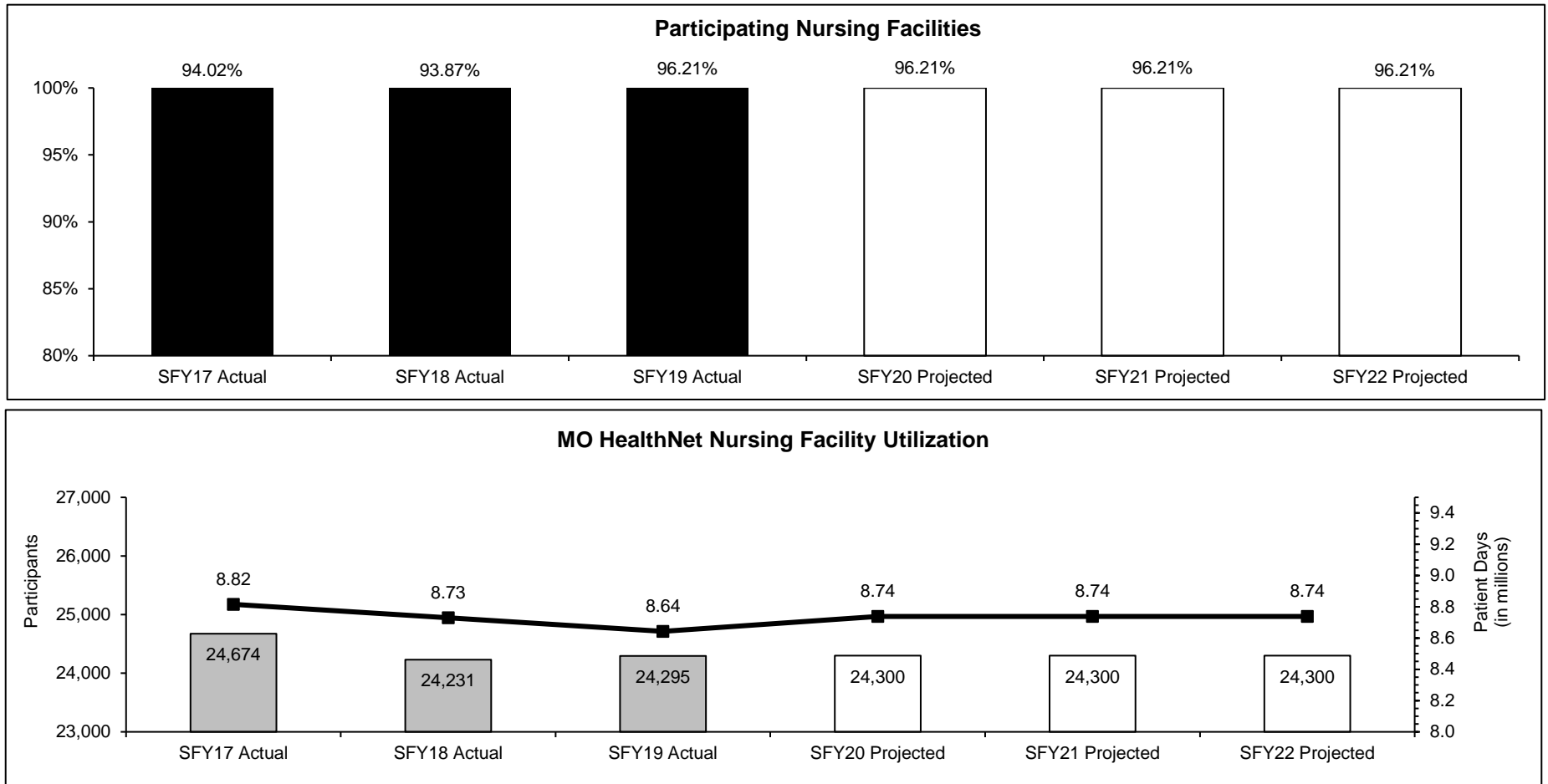
HB Section(s): 11.660

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

2a. Provide an activity measure(s) for the program.

An average of 508 facilities were enrolled in the MO HealthNet program during SFY 19, representing a 96.21% participation rate and ensuring access to quality nursing facility services for MO HealthNet participants.



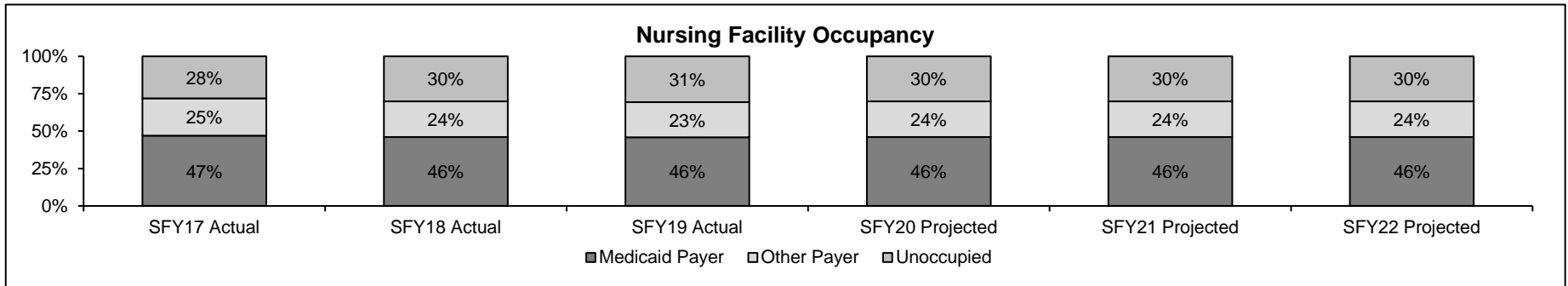
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.660

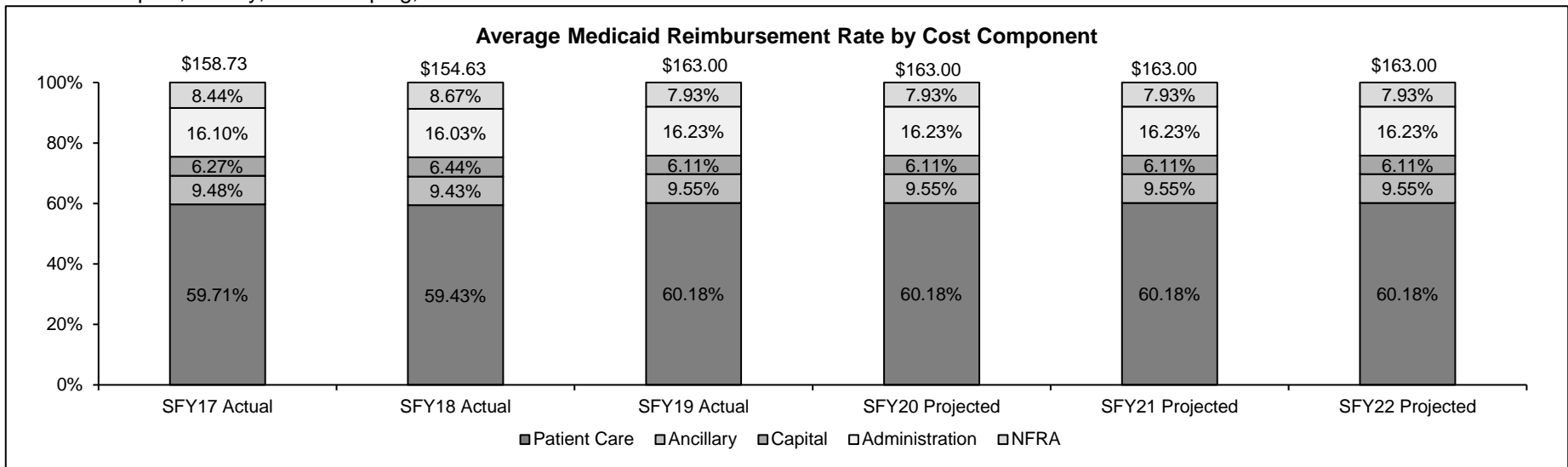
Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility



2b. Provide a measure(s) of the program's quality.

The nursing facility reimbursement methodology targets and encourages quality patient care. In the past three state fiscal years, nearly 70% of the average Medicaid reimbursement rate is related to patient care, with nearly 60% being direct patient care services and more than 9% being ancillary services which includes therapies, dietary, housekeeping, etc.



PROGRAM DESCRIPTION

Department: Social Services

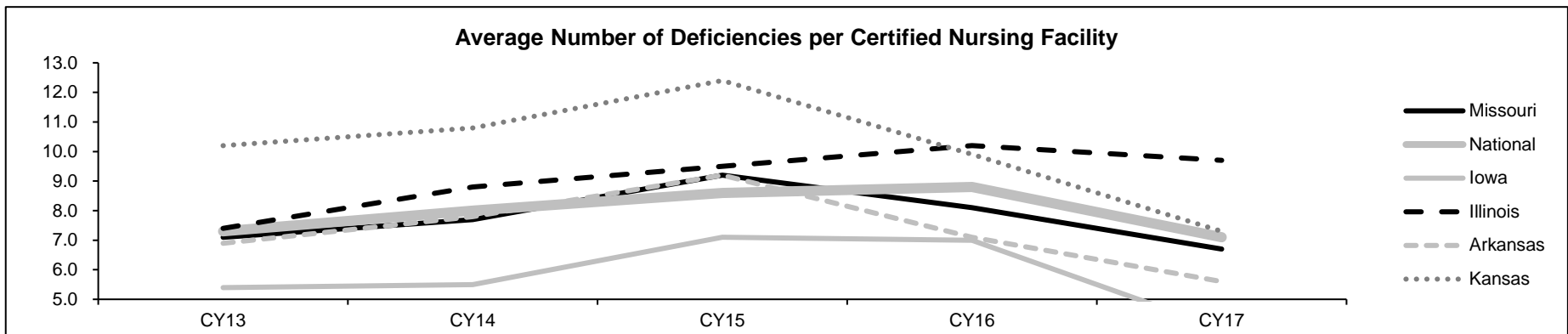
HB Section(s): 11.660

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

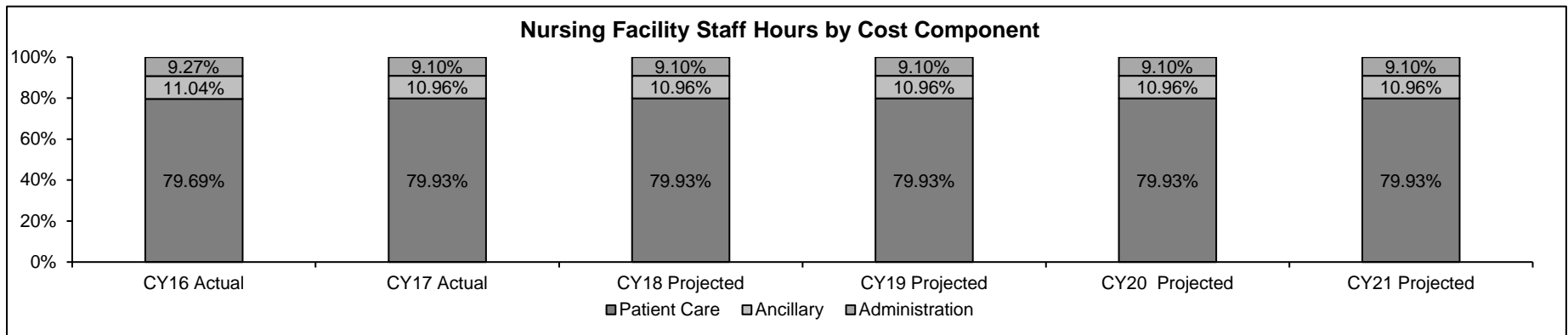
2c. Provide a measure(s) of the program's impact.

Certified nursing facilities are subject to inspections by the Department of Health and Senior Services to ensure compliance with regulations and are cited for deficiencies. Surveyors assess both the process and the outcomes of nursing facility care for 175 different requirements across 8 areas. CY17 is the latest data available.



2d. Provide a measure(s) of the program's efficiency.

The reimbursement under this program targets and encourages quality patient care through its reimbursement. The focus of the reimbursement on direct patient care is directly reflected here with over 79% of staff hours being spent on direct patient care, per the data from facility cost reports. CY18 is a projection until all data is received by the Nursing Facilities.



PROGRAM DESCRIPTION

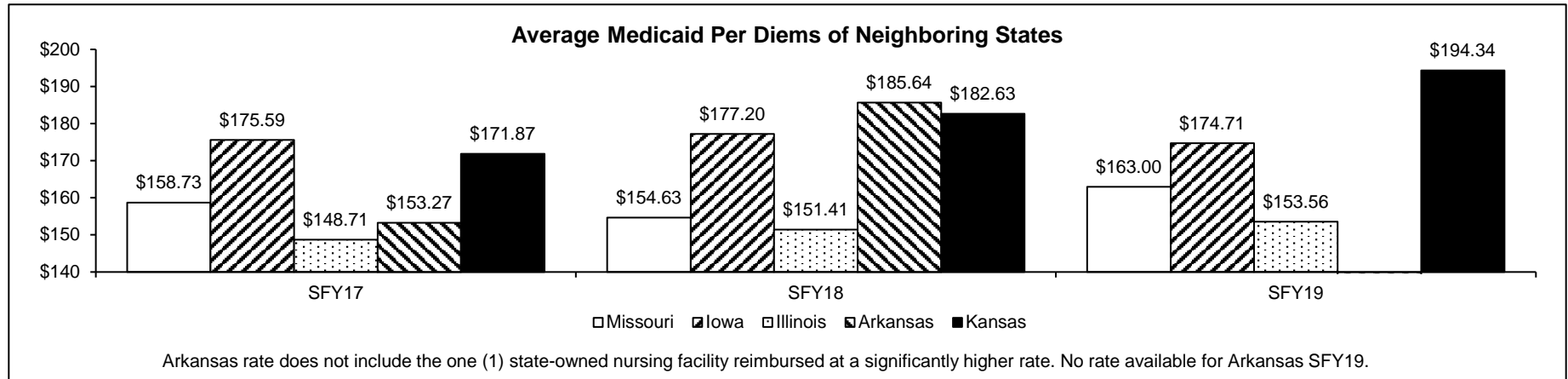
Department: Social Services

HB Section(s): 11.660

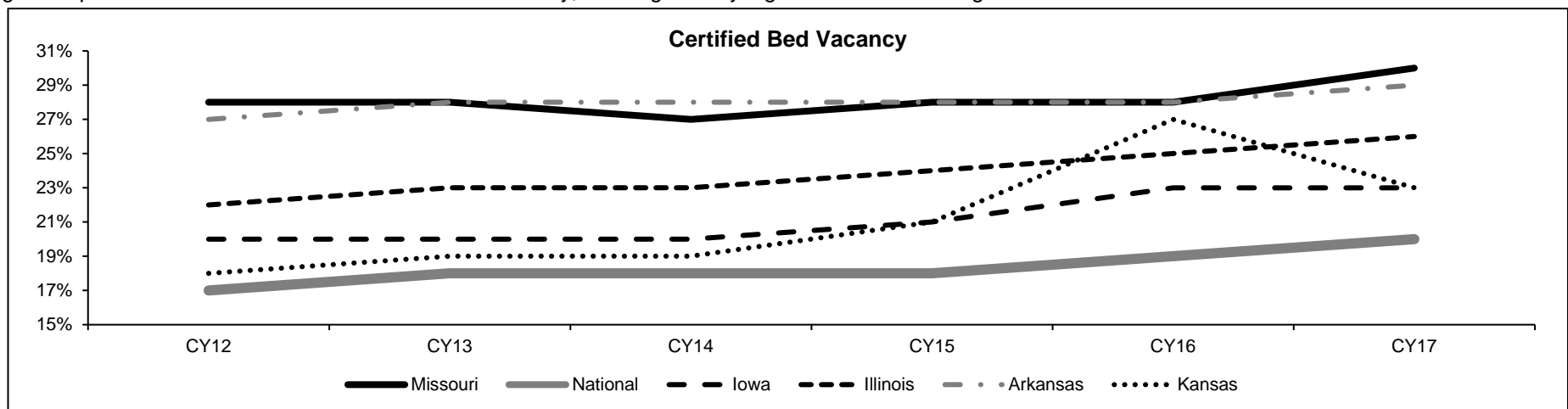
Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

Missouri's per diem rate is comparable to surrounding states. Surrounding state rates have been converted to an annual average figure, from quarterly or semiannual figures, for comparison purposes.



Missouri has enrolled a sufficient number of providers to ensure access to care for nursing facility services; compared to surrounding states, there are a greater percent of vacant beds in Missouri than nationally, and is generally higher than surrounding states.



CY17 is the latest data available.

PROGRAM DESCRIPTION

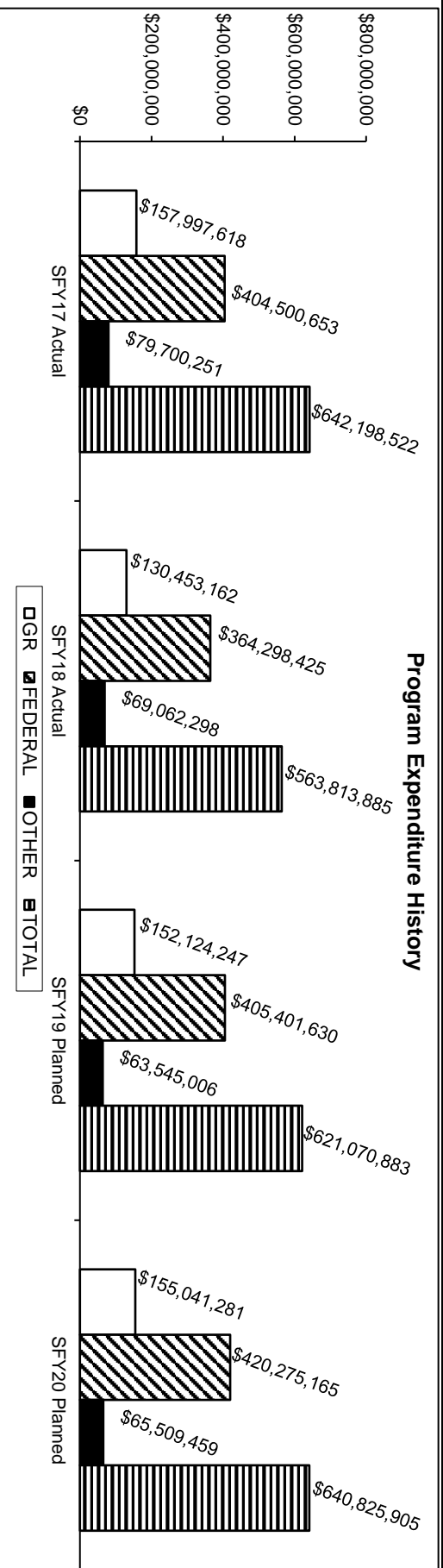
Department: Social Services

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

HB Section(s): 11.660

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Uncompensated Care Fund (0108), Third Party Liability Collections Fund (0120), Healthy Families Trust Fund (0625)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Law: Social Security Act Section 1905(a)(4), Federal Reg: 42 CFR 440.40 and 440.210. State Statute: Sections 208.152, 208.153, 208.159, and 208.201, RSMo.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, 42 CFR 440.40 and 440.210 mandate this program for participants over age 21.

Core - Home Health

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Home Health

Budget Unit: 90564C

HB Section: 11.660

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	1,444,617	3,060,596	159,305	4,664,518
TRF				
Total	1,444,617	3,060,596	159,305	4,664,518
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Health Initiatives Fund (HIF) (0275) - \$159,305

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item funds payments for services provided through the Home Health program for the fee-for-service MO HealthNet population. This program is designed to help MO HealthNet participants remain in their home instead of seeking institutional care through the provision of clinical (or "skilled") medical services. Home Health services are also available through the MO HealthNet Managed Care health plans (*see program description in the Managed Care tab for more information*).

3. PROGRAM LISTING (list programs included in this core funding)

Home Health Services

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Home Health

Budget Unit: 90564C

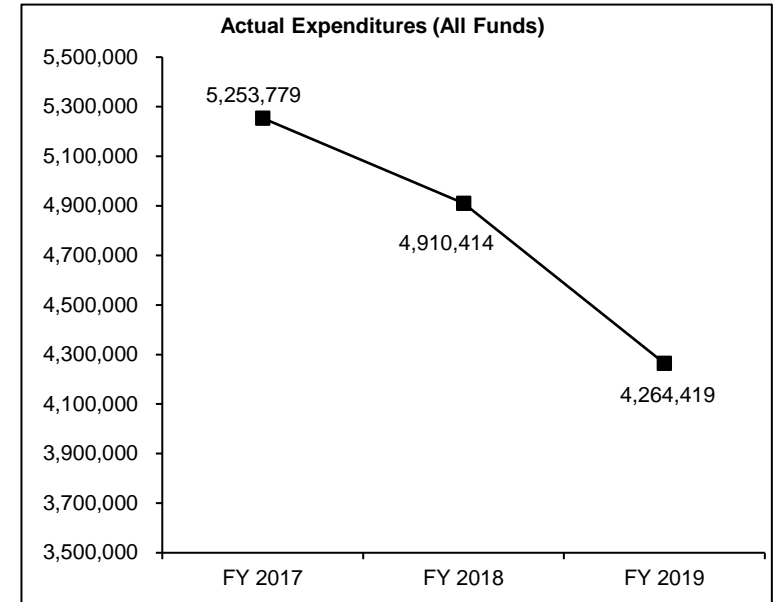
HB Section: 11.660

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	7,346,322	6,551,230	4,919,557	5,358,047
Less Reverted (All Funds)	(4,779)	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	7,341,543	6,551,230	4,919,557	5,358,047
Actual Expenditures (All Funds)	5,253,779	4,910,414	4,264,419	N/A
Unexpended (All Funds)	2,087,764	1,640,816	655,138	N/A
Unexpended, by Fund:				
General Revenue	781,442	429,525	0	N/A
Federal	1,306,322	1,211,291	655,138	N/A
Other	0	0	0	N/A

(1)

(2)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - \$450,000 GR and \$285,319 Fed was used as flex to cover other program expenditures.

(2) FY19 - Reduction due to estimated lapse. \$364,304 GR was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES HOME HEALTH

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	1,694,494	3,504,248	159,305	5,358,047	
Total					0.00	1,694,494	3,504,248	159,305	5,358,047	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	579	1798	PD	0.00		0	(443,652)	0	(443,652)	Core Reduction due to estimated lapse.
Core Reduction	579	1797	PD	0.00		(249,877)	0	0	(249,877)	Core Reduction due to estimated lapse.
NET DEPARTMENT CHANGES					0.00	(249,877)	(443,652)	0	(693,529)	
DEPARTMENT CORE REQUEST										
			PD	0.00		1,444,617	3,060,596	159,305	4,664,518	
Total					0.00	1,444,617	3,060,596	159,305	4,664,518	
GOVERNOR'S RECOMMENDED CORE										
			PD	0.00		1,444,617	3,060,596	159,305	4,664,518	
Total					0.00	1,444,617	3,060,596	159,305	4,664,518	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOME HEALTH								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	1,318,858	0.00	1,694,494	0.00	1,444,617	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	2,786,256	0.00	3,504,248	0.00	3,060,596	0.00	0	0.00
HEALTH INITIATIVES	159,305	0.00	159,305	0.00	159,305	0.00	0	0.00
TOTAL - PD	4,264,419	0.00	5,358,047	0.00	4,664,518	0.00	0	0.00
TOTAL	4,264,419	0.00	5,358,047	0.00	4,664,518	0.00	0	0.00
Asset Limit CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	2,647	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	5,060	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	7,707	0.00	0	0.00
TOTAL	0	0.00	0	0.00	7,707	0.00	0	0.00
Asset Limit Phase-In - 1886021								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,318	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	2,519	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	3,837	0.00	0	0.00
TOTAL	0	0.00	0	0.00	3,837	0.00	0	0.00
GRAND TOTAL	\$4,264,419	0.00	\$5,358,047	0.00	\$4,676,062	0.00	\$0	0.00

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90564C BUDGET UNIT NAME: Home Health HOUSE BILL SECTION: 11.660	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$4,676,062 </td> <td style="text-align: right; width: 15%;"> % Flex 0.25% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$11,690 </td> <td style="width: 55%;"> Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695. </td> </tr> </table>		Total \$4,676,062	% Flex 0.25%	Flex Amount \$11,690	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.
Total \$4,676,062	% Flex 0.25%	Flex Amount \$11,690	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
N/A	HB11 language allows up to .25% flexibility between 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.	.25% flexibility is being requested for FY21			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.				

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90564C BUDGET UNIT NAME: Home Health HOUSE BILL SECTION: 11.660	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; text-align: right;">Total</td> <td style="width: 15%; text-align: right;">% Flex</td> <td style="width: 15%; text-align: right;">Flex Amount</td> <td style="width: 55%;"></td> </tr> <tr> <td style="text-align: right;">\$4,676,062</td> <td style="text-align: right;">10%</td> <td style="text-align: right;">\$467,606</td> <td>Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.</td> </tr> </table>		Total	% Flex	Flex Amount		\$4,676,062	10%	\$467,606	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.
Total	% Flex	Flex Amount							
\$4,676,062	10%	\$467,606	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
\$364,304	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
Flex was used to cover shortfalls in CHIP and Clawback payments until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.								

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOME HEALTH								
CORE								
PROGRAM DISTRIBUTIONS	4,264,419	0.00	5,358,047	0.00	4,664,518	0.00	0	0.00
TOTAL - PD	4,264,419	0.00	5,358,047	0.00	4,664,518	0.00	0	0.00
GRAND TOTAL	\$4,264,419	0.00	\$5,358,047	0.00	\$4,664,518	0.00	\$0	0.00
GENERAL REVENUE	\$1,318,858	0.00	\$1,694,494	0.00	\$1,444,617	0.00		0.00
FEDERAL FUNDS	\$2,786,256	0.00	\$3,504,248	0.00	\$3,060,596	0.00		0.00
OTHER FUNDS	\$159,305	0.00	\$159,305	0.00	\$159,305	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.660

Program Name: Home Health

Program is found in the following core budget(s): Home Health

1a. What strategic priority does this program address?

Access to in-home services and reduce cost of care.

1b. What does this program do?

Home health services are medically-oriented treatment or intermittent supervision for individuals with an acute illness which can be therapeutically managed at home. Home health care follows a written plan of treatment reviewed every 60 days by an authorized ordering physician. Home health services include skilled nursing; home health aide; medical supplies; and physical, occupational and speech therapies. Only participants who are eligible under aid categories for children, pregnant women, or blind individuals are eligible for physical, occupational and speech therapies provided through home health. Therapy is limited and must be reasonable and necessary for restoration to an optimal level of functioning following an injury or illness.

Rate History

7/1/19: ~1.5% rate increase to a cap rate of \$79.49.

7/1/18: ~1.5% rate increase to a cap rate of \$78.32.

7/1/17: 3% rate decrease to a cap rate of \$77.16.

7/1/16: ~2% rate increase to a cap rate of \$79.47

1/1/16: 1% rate increase funded with Tax Amnesty Fund to a cap rate of \$77.90

PROGRAM DESCRIPTION

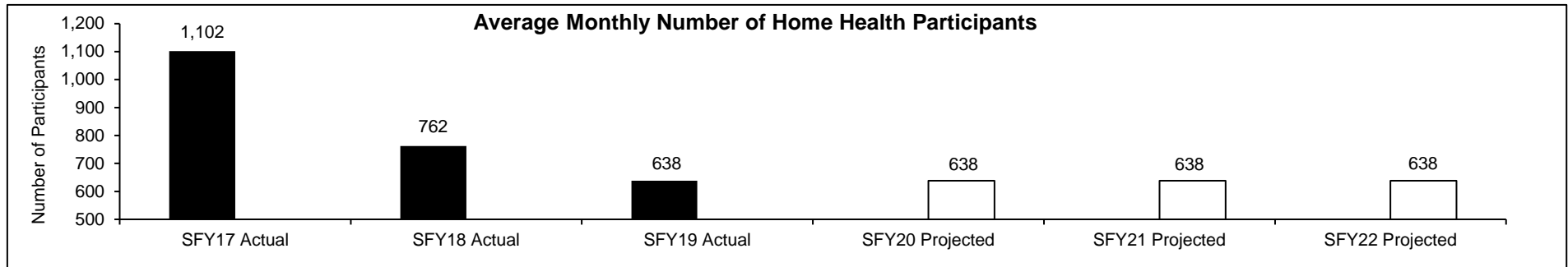
Department: Social Services

HB Section(s): 11.660

Program Name: Home Health

Program is found in the following core budget(s): Home Health

2a. Provide an activity measure(s) for the program.

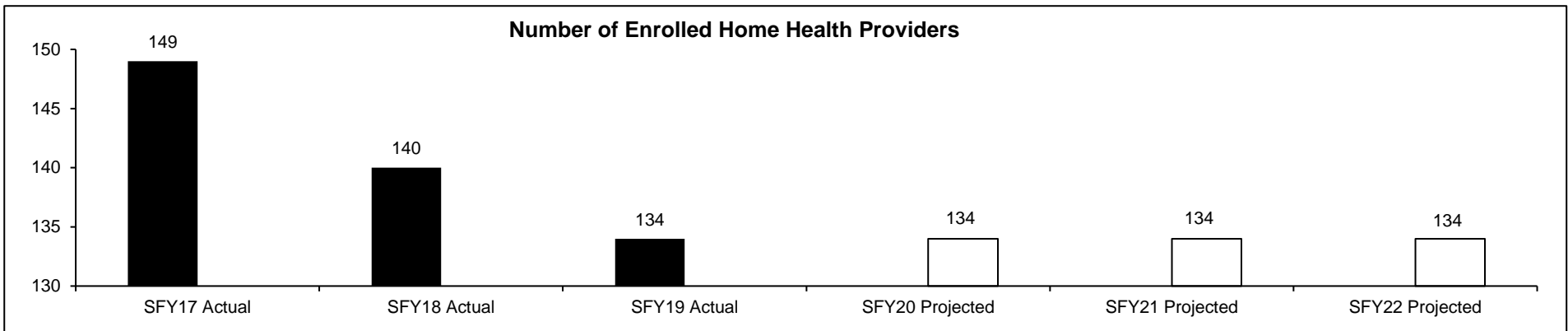


The decrease from SFY17 is a reflection of the shift to statewide Managed Care.

The intention is not to keep utilization the same as SFY19; however, due to uncertainty surrounding CMS face to face requirements, it is difficult to project utilization for SFY20 at this time.

2b. Provide a measure(s) of the program's quality.

The number of enrolled providers is correlated to participant access to services, choices participants have in their service providers, and healthcare options. If the fee schedule is reasonable to the provider, policies and forms are clear and easy to understand, and supports are in place for providers that may influence providers' decisions to enroll or to continue as a MHD provider.



PROGRAM DESCRIPTION

Department: Social Services

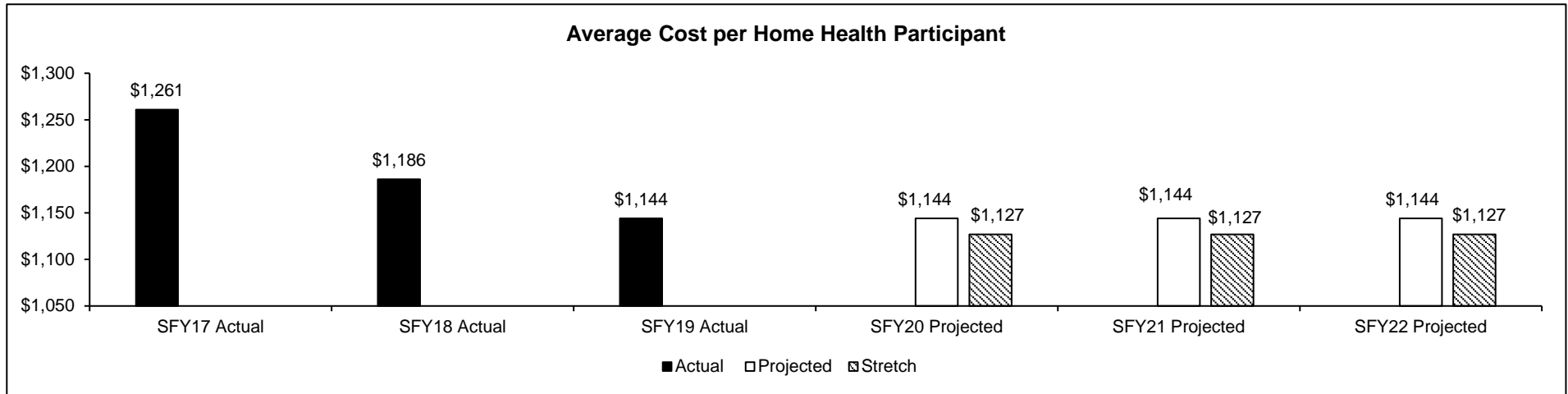
HB Section(s): 11.660

Program Name: Home Health

Program is found in the following core budget(s): Home Health

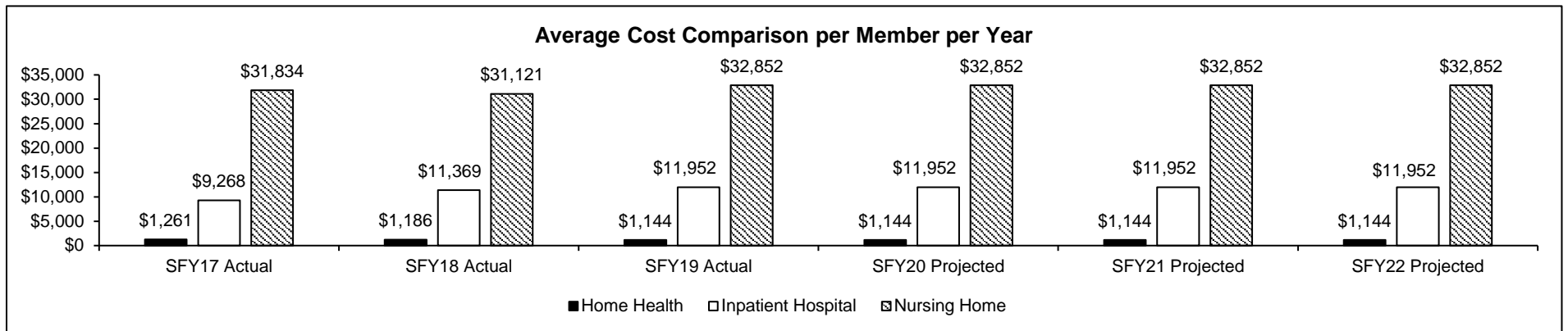
2c. Provide a measure(s) of the program's impact.

Based on program activity and participants served, the graph below shows that, in SFY19, the program's average cost was \$1,144 per participant.



2d. Provide a measure(s) of the program's efficiency.

If a participant is able to manage acute illness successfully in the home with Home Health services, the cost of Inpatient Hospital and/or Nursing Home services will be averted.



PROGRAM DESCRIPTION

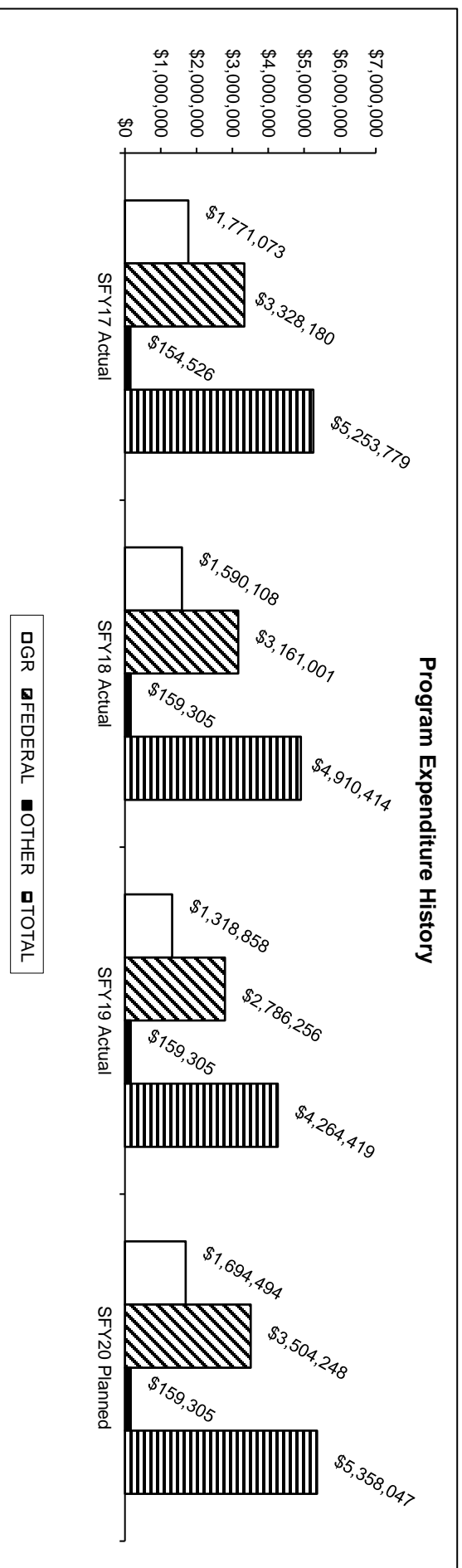
Department: Social Services

Program Name: Home Health

Program is found in the following core budget(s): Home Health

HB Section(s): 11.660

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Health Initiatives Fund (0275)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152 RSMo. Federal law: Social Security Act Section 1905(a)(24), 1905(a)(7) and 1915(c).

Federal Regulations: 42 CFR 440.170(f), 440.210, 440.130 and 440.180 and 460.

Social Security Act Sections: 1894, 1905(a) and 1934.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Home Health is a mandatory Medicaid program.

Core - Nursing Facilities Reimbursement Allowance (NFRA)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities Reimbursement Allowance (NFRA) Payments

Budget Unit: 90567C

HB Section: 11.665

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD			351,448,765	351,448,765
TRF				
Total	0	0	351,448,765	351,448,765
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:
 Nursing Facility Reimb Allowance Fund (NFRA) (0196) - \$351,448,765

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This core request is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants. This item funds the portion of the per diem rate paid to nursing facilities that is funded through the Nursing Facility Reimbursement Allowance (NFRA). Funds from this core are used to provide enhanced payment rates for improving the quality of patient care using the NFRA under Title XIX of the Social Security Act as a General Revenue equivalent.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities Reimbursement Allowance (NFRA) Program

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities Reimbursement Allowance (NFRA) Payments

Budget Unit: 90567C

HB Section: 11.665

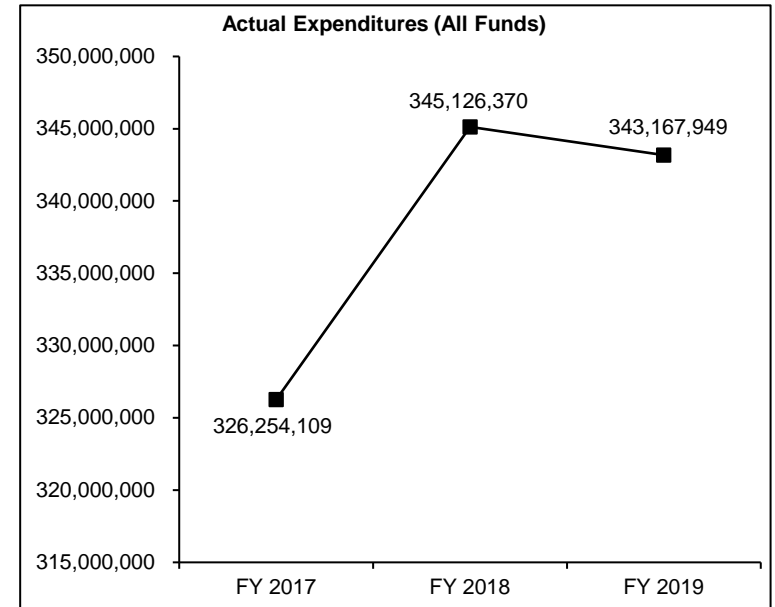
4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	329,042,684	358,308,579	351,448,765	351,448,765
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	329,042,684	358,308,579	351,448,765	351,448,765
Actual Expenditures (All Funds)	326,254,109	345,126,370	343,167,949	N/A
Unexpended (All Funds)	2,788,575	13,182,209	8,280,816	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	2,788,575	13,182,209	8,280,816	N/A

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:



CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY FED REIMB AL**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	0	351,448,765	351,448,765	
	Total	0.00	0	0	351,448,765	351,448,765	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	351,448,765	351,448,765	
	Total	0.00	0	0	351,448,765	351,448,765	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	351,448,765	351,448,765	
	Total	0.00	0	0	351,448,765	351,448,765	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
NURSING FACILITY FED REIMB AL									
CORE									
PROGRAM-SPECIFIC									
NURSING FACILITY FED REIM ALLW	343,167,949	0.00	351,448,765	0.00	351,448,765	0.00	0	0.00	
TOTAL - PD	343,167,949	0.00	351,448,765	0.00	351,448,765	0.00	0	0.00	
TOTAL	343,167,949	0.00	351,448,765	0.00	351,448,765	0.00	0	0.00	
MHD CTC - 1886001									
PROGRAM-SPECIFIC									
NURSING FACILITY FED REIM ALLW	0	0.00	0	0.00	2,156,898	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,156,898	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,156,898	0.00	0	0.00	
GRAND TOTAL	\$343,167,949	0.00	\$351,448,765	0.00	\$353,605,663	0.00	\$0	0.00	

9/16/19 15:14

im_disummary

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY FED REIMB AL								
CORE								
PROGRAM DISTRIBUTIONS	343,167,949	0.00	351,448,765	0.00	351,448,765	0.00	0	0.00
TOTAL - PD	343,167,949	0.00	351,448,765	0.00	351,448,765	0.00	0	0.00
GRAND TOTAL	\$343,167,949	0.00	\$351,448,765	0.00	\$351,448,765	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$343,167,949	0.00	\$351,448,765	0.00	\$351,448,765	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.665

Program Name: Nursing Facility Reimbursement Allowance (NFRA) Payments

Program is found in the following core budget(s): Nursing Facility Reimbursement Allowance (NFRA)

1a. What strategic priority does this program address?

Enhanced reimbursement to nursing facilities caring for MO HealthNet participants

1b. What does this program do?

The Nursing Facility Reimbursement Allowance (NFRA) program assesses nursing facilities a fee for the privilege of doing business in the state of Missouri. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, earns federal Medicaid matching funds. The assessment collected from the nursing facilities and the federal earnings fund is used to provide enhanced payment rates for the nursing facility program. The NFRA program was implemented in SFY 1995 as part of a total restructuring of reimbursement for nursing facilities and is used to provide enhanced reimbursement rates that target quality patient care. *For additional details on the nursing facility reimbursement methodology, see the program description in the Nursing Facilities tab.*

The NFRA program has been reauthorized through September 30, 2020.

The NFRA is assessed to all nursing facilities on a per patient day basis (i.e., the number of days that licensed nursing facility beds are occupied by patients). The current NFRA rate per day is multiplied by the annualized level of patient days to determine the annual assessment owed by a nursing facility which MHD collects on a monthly basis throughout the year. MHD recalculates the assessment at the beginning of each state fiscal year using updated patient days and an updated NFRA rate, if applicable. The patient days are updated each state fiscal year using the Quarterly Certification of Need (CON) Survey from the Department of Health and Senior Services.

SFY	Assessment Rate
2019	\$12.93
2016-2018	\$13.40
2013-2015	\$12.11
2012	\$11.70
2011	\$9.27
2010	\$9.07

This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION

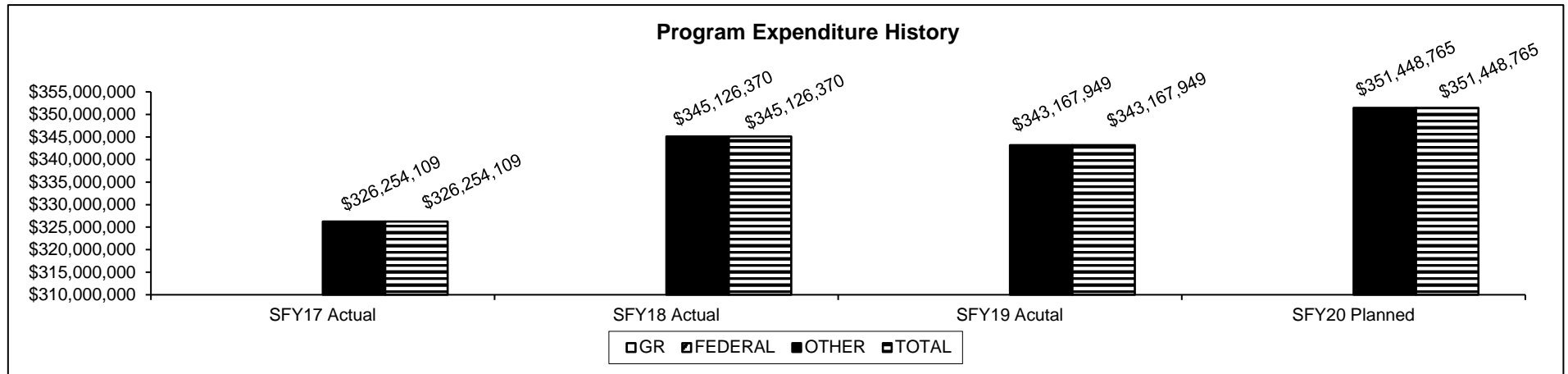
Department: Social Services

HB Section(s): 11.665

Program Name: Nursing Facility Reimbursement Allowance (NFRA) Payments

Program is found in the following core budget(s): Nursing Facility Reimbursement Allowance (NFRA)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Nursing Facility Reimbursement Allowance Fund (0196)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Law: Social Security Act, Section 1903(w). Federal Reg: 42 CFR 443.433, Subpart B. State Statute: Section 198.401, RSMo.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Long Term
Support Payments**s**

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Long Term Support Payments

Budget Unit: 90548C

HB Section: 11.670

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD		7,182,390	3,768,378	10,950,768
TRF				
Total	0	7,182,390	3,768,378	10,950,768
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Long Term Support UPL (0724) - \$3,768,378

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This program provides a supplemental payment to qualifying public nursing facilities for their unreimbursed cost, subject to the upper payment limit.

3. PROGRAM LISTING (list programs included in this core funding)

Long Term Support Payments

CORE DECISION ITEM

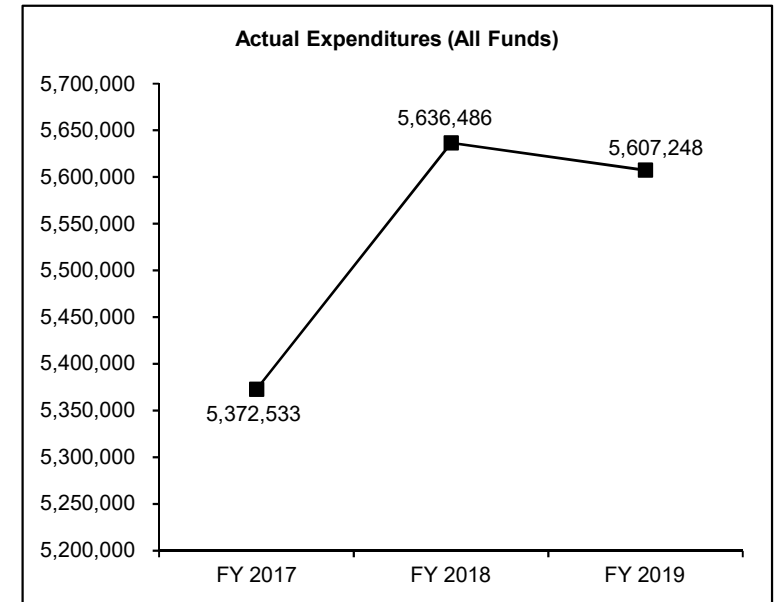
Department: Social Services
Division: MO HealthNet
Core: Long Term Support Payments

Budget Unit: 90548C

HB Section: 11.670

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	10,950,768	10,950,768	10,950,768	10,950,768
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	10,950,768	10,950,768	10,950,768	10,950,768
Actual Expenditures (All Funds)	5,372,533	5,636,486	5,607,248	N/A
Unexpended (All Funds)	5,578,235	5,314,282	5,343,520	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	2,891,933	3,474,141	3,517,386	N/A
Other	2,686,302	1,840,141	1,826,134	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
LONG TERM SUPPORT PAYMENTS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	0	7,182,390	3,768,378	10,950,768	
	Total	0.00	0	7,182,390	3,768,378	10,950,768	
<hr/>							
DEPARTMENT CORE REQUEST	PD	0.00	0	7,182,390	3,768,378	10,950,768	
	Total	0.00	0	7,182,390	3,768,378	10,950,768	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	PD	0.00	0	7,182,390	3,768,378	10,950,768	
	Total	0.00	0	7,182,390	3,768,378	10,950,768	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
LONG TERM SUPPORT PAYMENTS								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	3,622,843	0.00	7,182,390	0.00	7,182,390	0.00	0	0.00
LONG-TERM SUPPORT UPL	1,984,405	0.00	3,768,378	0.00	3,768,378	0.00	0	0.00
TOTAL - PD	5,607,248	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
TOTAL	5,607,248	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
GRAND TOTAL	\$5,607,248	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
LONG TERM SUPPORT PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	5,607,248	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
TOTAL - PD	5,607,248	0.00	10,950,768	0.00	10,950,768	0.00	0	0.00
GRAND TOTAL	\$5,607,248	0.00	\$10,950,768	0.00	\$10,950,768	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$3,622,843	0.00	\$7,182,390	0.00	\$7,182,390	0.00		0.00
OTHER FUNDS	\$1,984,405	0.00	\$3,768,378	0.00	\$3,768,378	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.670

Program Name: Long Term Support Payments

Program is found in the following core budget(s): Long Term Support Payments

1a. What strategic priority does this program address?

Provide additional reimbursement to qualifying public nursing facilities

1b. What does this program do?

This program provides additional reimbursement to qualifying public nursing facilities for their unreimbursed cost, subject to the upper payment limit (UPL). State Medicaid programs cannot pay nursing facilities more than what Medicare would have paid (i.e., Medicare UPL) in the aggregate for the different ownership/operating categories of nursing facilities (i.e., state government, non-state government and private).

Annual payments are made to the following qualifying public nursing facilities through an approved state plan amendment:

- Truman Medical Center - Lakewood
- Pemiscot Memorial Hospital

An intergovernmental transfer (IGT) process is used to fund the non-federal share of the payment. The qualifying facilities use the IGT process to transfer the non-federal share of payments to the state prior to the state making the payments. The state pays out the total claimable amount, including both the state and federal share. The state demonstrates that the non-federal share of the payments is transferred to, and is under the administrative control of, the MO HealthNet Division before the total computable payment is made to the qualifying public nursing facilities.

This program is exempt from performance measures as it is an intergovernmental transfer.

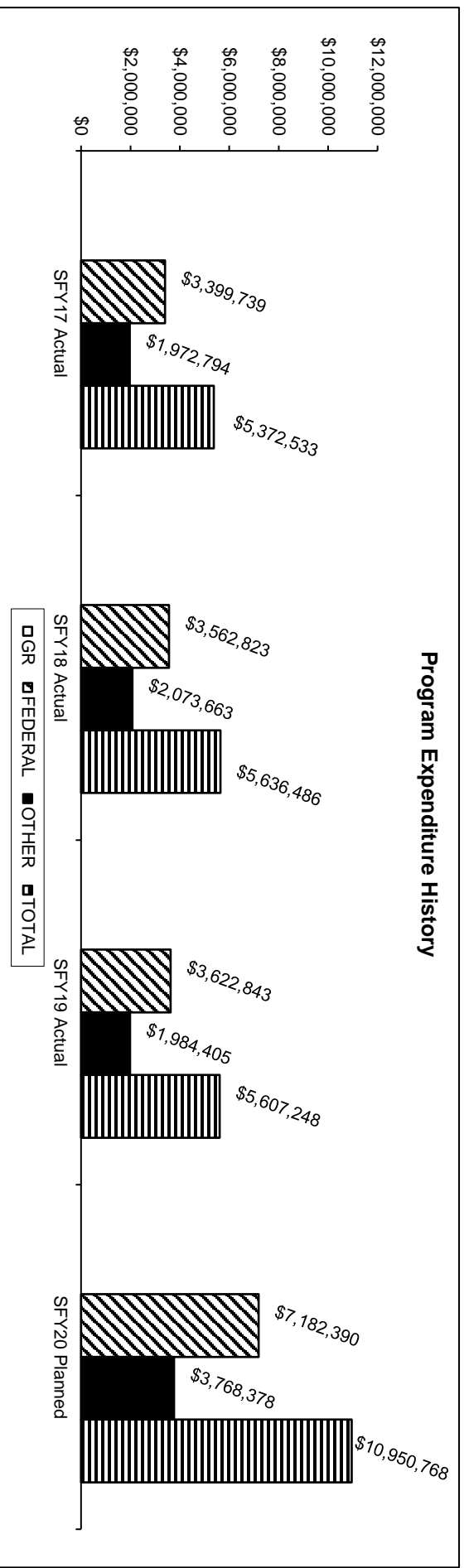
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.670

Program Name: Long Term Support Payments
Program is found in the following core budget(s): Long Term Support Payments

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Long Term Support UPL Fund (0724)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Reg: 42 CFR 447.272. State Statute: Section 208.201, RSMo.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.
No.

Core - Rehab and Specialty Services

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Rehab and Specialty Services

Budget Unit: 90550C

HB Section: 11.675

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	95,923,372	195,022,033	25,763,998	316,709,403
TRF				
Total	95,923,372	195,022,033	25,763,998	316,709,403
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Health Initiatives Fund (HIF) (0275) - \$194,881
Nursing Facility Reimbursement Allowance (NFRA) (0196) - \$1,414,043
Ambulance Service Reimbursement Allowance (0958) - \$24,155,074

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item funds rehabilitation and specialty services for the fee-for-service MO HealthNet population. The services funded from this core include: audiology/hearing aid; optical; durable medical equipment (DME); ambulance; physical therapy, occupational therapy, speech therapy, and adaptive training for prosthetic/orthotic devices performed in a rehabilitation center; hospice; comprehensive day rehabilitation for individuals with traumatic brain injuries; and children's residential treatment. Rehabilitation and specialty services are also available through the MO HealthNet Managed Care health plans (*see program description in the Managed Care tab for more information*).

3. PROGRAM LISTING (list programs included in this core funding)

Rehabilitation and Specialty Services

CORE DECISION ITEM

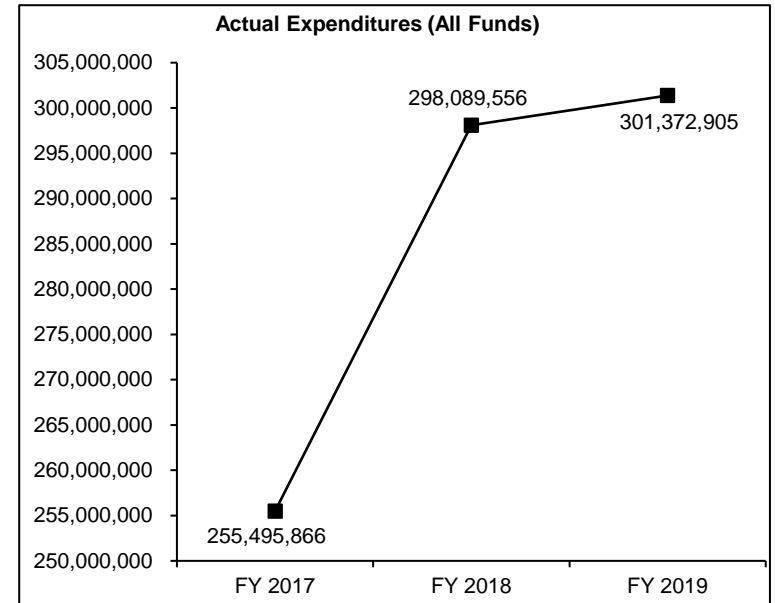
Department: Social Services
Division: MO HealthNet
Core: Rehab and Specialty Services

Budget Unit: 90550C

HB Section: 11.675

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	259,008,150	304,758,262	318,572,927	316,834,403
Less Reverted (All Funds)	(5,846)	0	0	N/A
Less Restricted (All Funds)	(22,414)	0	0	N/A
Budget Authority (All Funds)	258,979,890	304,758,262	318,572,927	316,834,403
Actual Expenditures (All Funds)	255,495,866	298,089,556	301,372,905	N/A
Unexpended (All Funds)	3,484,024	6,668,706	17,200,022	N/A
Unexpended, by Fund:				
General Revenue	0	731,800	37,882	N/A
Federal	3,842,033	5,386	11,606,370	N/A
Other	1,522,147	5,931,520	5,555,770	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY17 - \$35,272,543 paid from MC.

(2) FY18 - \$2,794,505 GR was flexed in to cover program expenditures. \$7,400,000 Fed was used as flex to cover other program expenditures. Lapse of \$727,070 GR due to release of expenditure restriction in FY18.

(3) FY19 - \$1,453,382 GR was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
REHAB AND SPECIALTY SERVICES**

5. CORE RECONCILIATION DETAIL

		Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES								
		PD	0.00	95,923,372	195,022,033	25,888,998	316,834,403	
		Total	0.00	95,923,372	195,022,033	25,888,998	316,834,403	
DEPARTMENT CORE ADJUSTMENTS								
Core Reallocation	595 7368	PD	0.00	0	0	(125,000)	(125,000)	Core Reallocation from Rehab to Admin for Center for Patient Safety contract.
NET DEPARTMENT CHANGES			0.00	0	0	(125,000)	(125,000)	
DEPARTMENT CORE REQUEST								
		EE	0.00	0	0	0	0	
		PD	0.00	95,923,372	195,022,033	25,763,998	316,709,403	
		Total	0.00	95,923,372	195,022,033	25,763,998	316,709,403	
GOVERNOR'S RECOMMENDED CORE								
		EE	0.00	0	0	0	0	
		PD	0.00	95,923,372	195,022,033	25,763,998	316,709,403	
		Total	0.00	95,923,372	195,022,033	25,763,998	316,709,403	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
REHAB AND SPECIALTY SERVICES									
CORE									
EXPENSE & EQUIPMENT									
AMBULANCE SERVICE REIMB ALLOW	250,000	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - EE	250,000	0.00	0	0.00	0	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	102,326,654	0.00	95,923,372	0.00	95,923,372	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	176,024,008	0.00	195,022,033	0.00	195,022,033	0.00	0	0.00	
NURSING FACILITY FED REIMB ALLOW	3,371,205	0.00	1,414,043	0.00	1,414,043	0.00	0	0.00	
HEALTH INITIATIVES	194,881	0.00	194,881	0.00	194,881	0.00	0	0.00	
HEALTHY FAMILIES TRUST	831,745	0.00	0	0.00	0	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	18,374,412	0.00	24,280,074	0.00	24,155,074	0.00	0	0.00	
TOTAL - PD	301,122,905	0.00	316,834,403	0.00	316,709,403	0.00	0	0.00	
TOTAL	301,372,905	0.00	316,834,403	0.00	316,709,403	0.00	0	0.00	
MHD CTC - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	3,741,974	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	3,741,974	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	3,741,974	0.00	0	0.00	
Asset Limit CTC - 1886020									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	360,732	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	886,305	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	0	0.00	0	0.00	103,008	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	1,350,045	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	1,350,045	0.00	0	0.00	
Hospice Rate Increase - 1886002									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	124,613	0.00	0	0.00	

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
REHAB AND SPECIALTY SERVICES									
Hospice Rate Increase - 1886002									
PROGRAM-SPECIFIC									
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	238,161	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	362,774	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	362,774	0.00	0	0.00	
Asset Limit Phase-In - 1886021									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	163,157	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	441,299	0.00	0	0.00	
AMBULANCE SERVICE REIMB ALLOW	0	0.00	0	0.00	67,743	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	672,199	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	672,199	0.00	0	0.00	
GRAND TOTAL	\$301,372,905	0.00	\$316,834,403	0.00	\$322,836,395	0.00	\$0	0.00	

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90550C BUDGET UNIT NAME: Rehab and Specialty Services HOUSE BILL SECTION: 11.675	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 20%;"> Total \$322,836,395 </td> <td style="text-align: right; width: 10%;"> % Flex 0.25% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$807,091 </td> <td style="width: 55%;"> Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695. </td> </tr> </table>		Total \$322,836,395	% Flex 0.25%	Flex Amount \$807,091	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.
Total \$322,836,395	% Flex 0.25%	Flex Amount \$807,091	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
N/A	HB11 language allows up to .25% flexibility between 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.	.25% flexibility is being requested for FY21			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.				

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90550C BUDGET UNIT NAME: Rehab and Specialty Services HOUSE BILL SECTION: 11.675	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: right;">Total</td> <td style="width: 10%; text-align: right;">% Flex</td> <td style="width: 15%; text-align: right;">Flex Amount</td> <td style="width: 42%;"></td> </tr> <tr> <td style="text-align: right;">\$322,836,395</td> <td style="text-align: right;">10%</td> <td style="text-align: right;">\$32,283,640</td> <td>Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.</td> </tr> </table>		Total	% Flex	Flex Amount		\$322,836,395	10%	\$32,283,640	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.
Total	% Flex	Flex Amount							
\$322,836,395	10%	\$32,283,640	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
\$0	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.								

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
CORE								
PROFESSIONAL SERVICES	250,000	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	250,000	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	301,122,905	0.00	316,834,403	0.00	316,709,403	0.00	0	0.00
TOTAL - PD	301,122,905	0.00	316,834,403	0.00	316,709,403	0.00	0	0.00
GRAND TOTAL	\$301,372,905	0.00	\$316,834,403	0.00	\$316,709,403	0.00	\$0	0.00
GENERAL REVENUE	\$102,326,654	0.00	\$95,923,372	0.00	\$95,923,372	0.00		0.00
FEDERAL FUNDS	\$176,024,008	0.00	\$195,022,033	0.00	\$195,022,033	0.00		0.00
OTHER FUNDS	\$23,022,243	0.00	\$25,888,998	0.00	\$25,763,998	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.675

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

1a. What strategic priority does this program address?

Provide additional support services to MO HealthNet (MHD) participants

1b. What does this program do?

The purpose of the Rehabilitation and Specialty Services programs is to ensure that medical services are provided to MHD participants, who would otherwise not have access to such services. The MHD ensures this by reimbursing providers for rehabilitation and specialty services that are medically necessary for eligible participants.

Rehabilitation and specialty services funded from this core include the following:

- Audiology/Hearing Aid
- Optical
- Durable Medical Equipment (DME)
- Ambulance
- Physical Therapy, Occupational Therapy, Speech Therapy, and Adaptive Training for prosthetic/orthotic devices when performed in a rehabilitation center
- Hospice
- Comprehensive Day Rehabilitation for individuals with traumatic brain injuries
- Children's Residential Treatment

Unless otherwise noted, rehabilitation and specialty services are covered only for participants who are under the age of 21, pregnant women, the blind, and nursing home facility residents (including Independent Care Facilities for Individuals with Intellectual Disabilities - ICF/ID).

Service Information

Audiology/Hearing Aid

Audiology/Hearing Aid program provides medically necessary audiology services to MHD participants. Hearing aids are a covered service for children ages 20 and under, pregnant women, participants in a category of assistance for the blind, and participants living in a vendor/nursing facility. A participant is entitled to one new hearing aid and related services every four years. However, services for children under the EPSDT program are determined to be whatever is medically necessary.

See the Physician Services for more information about EPSDT benefits. Other covered services include audiological testing, hearing aids, ear molds, hearing aid fitting, hearing aid dispensing/evaluation, post-fitting evaluation, post-fitting adjustments, and hearing aid repairs.

The intent of this program is to prevent additional or total hearing loss for children under the age of 20, as well as, provide a better quality of life to all hearing impaired participants. MHD attempts to increase a participant's quality of life and to reduce future MHD spending for speech/language therapy and cognitive development services for hearing impaired children.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.675

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Optical

The MO HealthNet Optical Program covers the following types of providers and services:

- Optometrists - eye examinations, eyeglasses, artificial eyes, and special ophthalmological services
- Physicians - eyeglasses, artificial eyes (physician must be enrolled in the Optical program in order to bill for these services)
- Opticians - eyeglasses and artificial eyes

Participants who are age 20 and under or who are pregnant, blind, or in a nursing facility (including ICF/ID) are eligible for an eye exam every 12 months. MO HealthNet participants age 21 and over are eligible for an eye exam every 24 months. MO HealthNet eligible participants are allowed 1 pair of complete eyeglasses every 2 years. Participants may be eligible for an additional eye exams and a new lens within the stated time periods if the participant has a .50 diopter change in one or both eyes. An optometrist is used as a consultant for this program. The consultant reviews prescriptions that do not meet the program criteria. Services related to trauma or treatment of disease/medical conditions remain a covered benefit for all MO HealthNet participants.

Ambulance

Emergency medical transportation is provided under the ambulance program. Ambulance services are covered if they are emergency services and transportation is made to the nearest appropriate hospital. Certain specified non-emergency but medically necessary ambulance transports are also covered. Ambulance services can be provided through ground or air transportation (helicopter/fixed wing) as medically necessary.

Providers are required to provide the MHD with the Missouri Ambulance Reporting Form (trip ticket) to receive reimbursement when mileage charges are indicated on the CMS-1500 claim form. Charges for mileage must be based on loaded mileage, from the point of pickup of a participant to his or her arrival at the intended destination. The MHD does not reimburse for mileage that is less than 0.5 miles from point of pickup to destination.

DME

MO HealthNet reimburses qualified Durable Medical Equipment (DME) providers for certain items of durable medical equipment such as: apnea monitors; artificial larynx and related items; augmentative communication devices; canes; crutches; commodes; bed pans; adult incontinence briefs; urinals; CPAP devices; decubitus care equipment; hospital beds; side rails; humidifiers; BiPAP machines; IPPB machines; insulin pumps and supplies; labor and repair codes; nebulizers; orthotics; ostomy supplies; oxygen and respiratory equipment; patient lifts and trapeze; prosthetics; scooters; suction pumps; total parenteral nutrition mix; supplies and equipment; wheelchairs; wheelchair accessories; and walkers. These items must be prescribed.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.675

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

Rate History

Audiology/Hearing Aid, Optical, DME, and Rehabilitative Therapies

07/01/2019: 1.5% rate increase for all covered services*

07/01/2018: 1.5% rate increase for all covered services*

07/01/2017: 3% rate decrease for all covered services

07/01/2016: ~2% rate increase for all covered services

01/01/2016: 1% rate increase for all covered services (funded by the Tax Amnesty Fund)

** All covered services in these programs received a rate increase with the exception of DME services affected by the 21st Century CURES Act, as described in the MHD Provider Bulletin located at <https://dss.mo.gov/mhd/providers/pdf/bulletin41-06-2018july19.pdf>*

Ambulance

07/01/2019: 1.5% rate increase for all ambulance services

07/01/2018: 1.5% rate increase for all ambulance services

07/01/2017: \$45 base rate increase for ground ambulance - 3% rate decrease for all ambulance services*

07/01/2016: \$45 base rate increase for ground ambulance; ~2% rate increase for all ambulance services; and an additional 51% increase for certain helicopter emergency services*

01/01/2016: 1% rate increase for all ambulance services (funded by the Tax Amnesty Fund)

** Base rates are paid based on an established fee schedule and vary depending upon the appropriate billing code. The \$45 increase was added to each billing code's rate on the existing MHD Ambulance Fee Schedule.*

Hospice

07/01/2019: 2.11% rate increase

07/01/2018: 1.08% rate restoration

07/01/2017: 1.80% rate increase

07/01/2016: 3.94% rate increase

PROGRAM DESCRIPTION

Department: Social Services

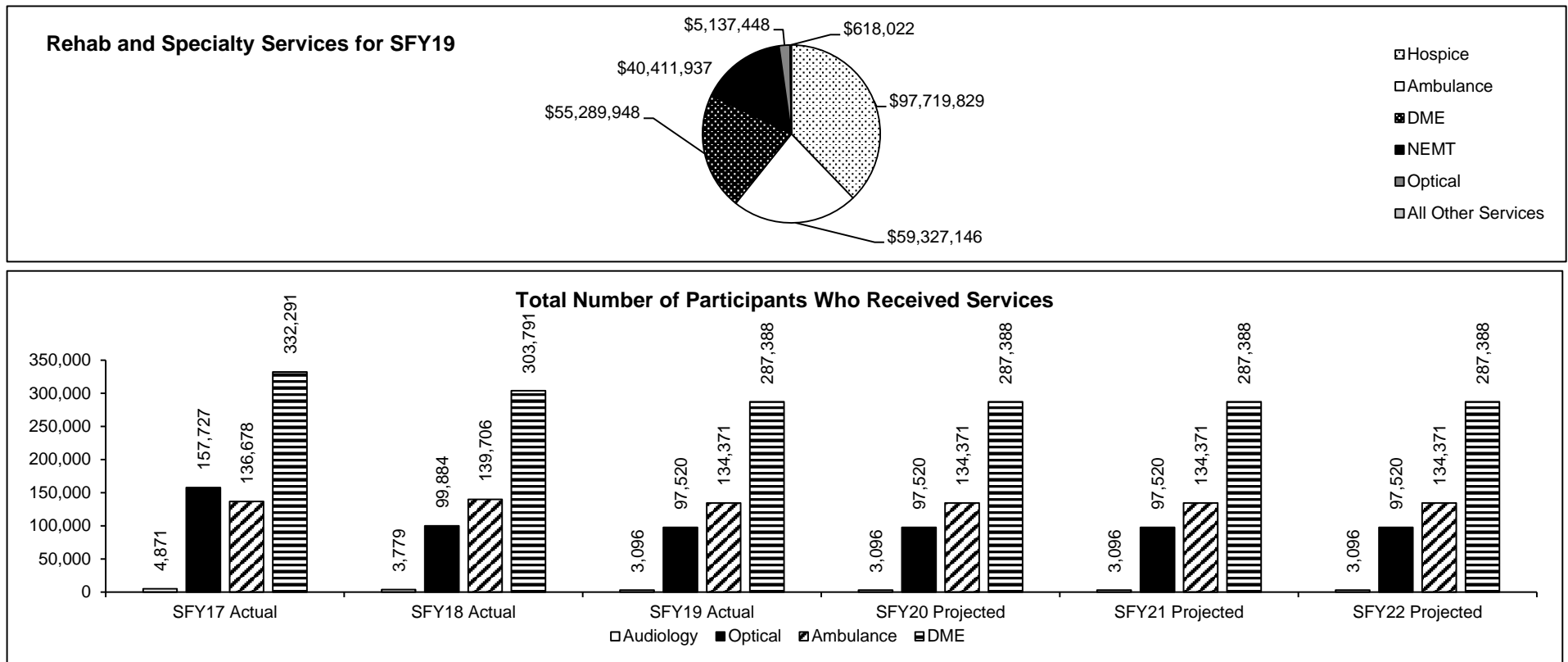
Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

HB Section(s): 11.675

2a. Provide an activity measure(s) for the program.

The total number of fee-for-service participants eligible for Rehab and Specialty services was 261,431 (as of June 2019). The rehab program comprises 2.79% of the total Medicaid program dollars. The top 5 services within the Rehab and Specialty services program were hospice, ambulance, DME, non-emergency medical transportation (NEMT), and optical, based on total SFY 2019 expenditures. All other service types that make up less than 1% of total expenditures include: audiology services, rehabilitation center services, non-participating provider services, comprehensive day rehabilitation services, and disease management services.



MHD is unable to appropriately project future DME services expenditures due to the implementation of the 21st Century CURES Act. Does not include Complex Rehab DME services.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.675

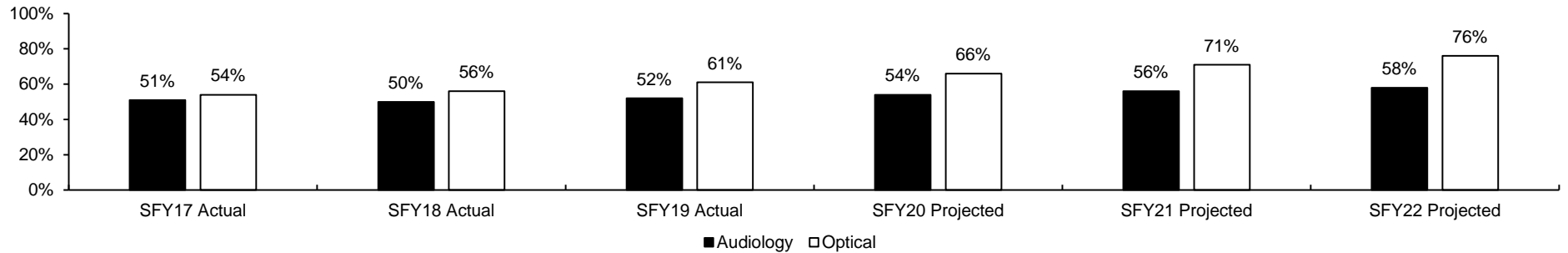
Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

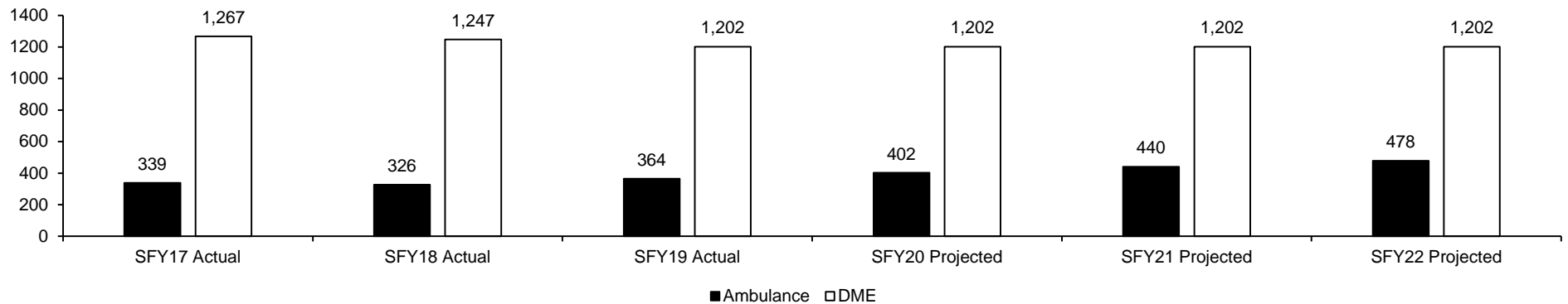
2b. Provide a measure(s) of the program's quality.

A measure of a program's quality would be the number of active (enrolled) providers versus the total number of licensed providers in Missouri (for each program). If MHD has an adequate number of enrolled providers, it shows that the payment rates are appropriate and that providers want to participate in the program.

Percentage of MHD - Enrolled Providers



Number of MHD - Enrolled Providers



PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.675

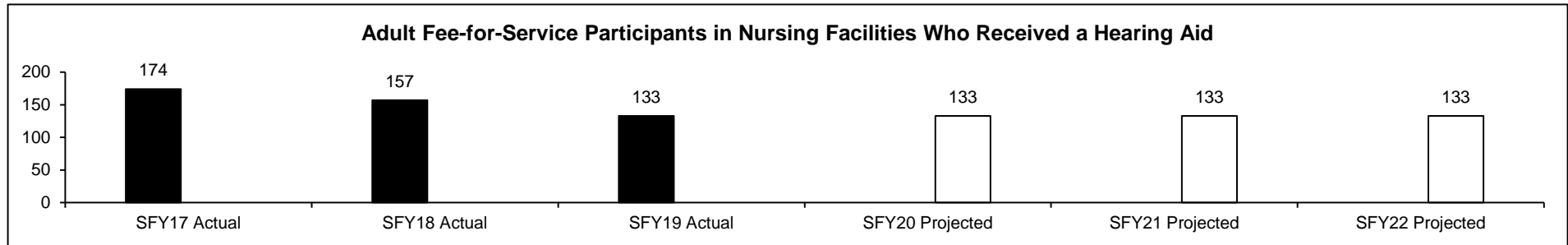
Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

2c. Provide a measure(s) of the program's impact.

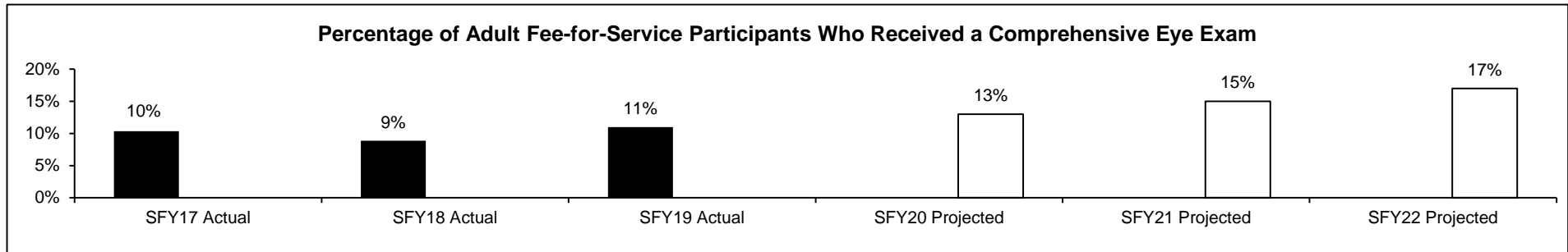
Audiology/Hearing Aid

MHD only covers hearing aids for children, pregnant women, participants who are in a category of assistance for the blind and participants living in a nursing facility. Statewide Managed Care implementation reduced the FFS population by enrolling most children and pregnant women. Blind participants receive two (2) hearing aids. Participants living in a nursing home are allowed one (1) hearing aid.



Optical

According to the National Academies of Sciences, vision impairment can cause additional health issues for individuals, including a lower quality of life, mobility issues, falls and injuries, depression and other behavioral health issues. By having regular optical exams, these potential health issues can be avoided, as well as identifying other health conditions, such as diabetes. MHD allows for the reimbursement of one (1) optical exam every two (2) years for adult FFS participants.



PROGRAM DESCRIPTION

Department: Social Services

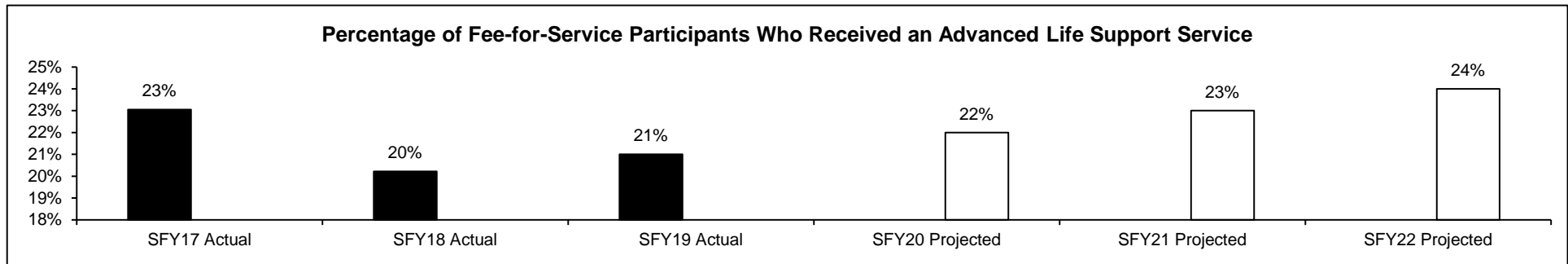
HB Section(s): 11.675

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

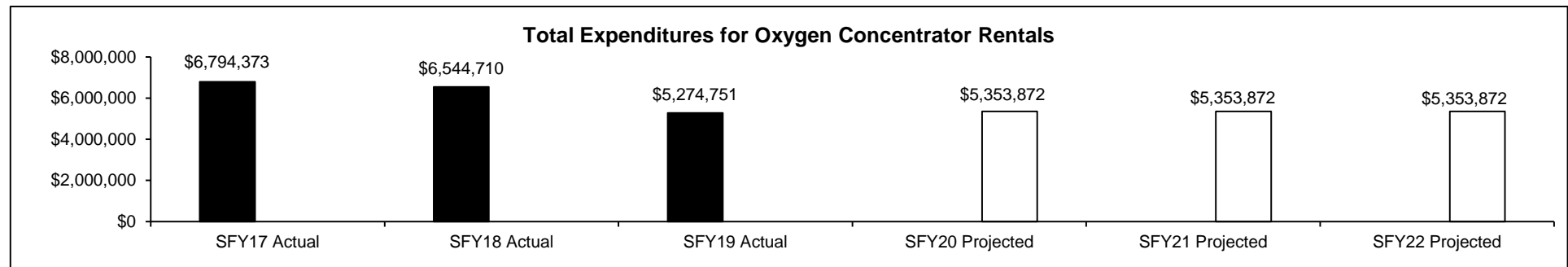
Ambulance

An indicator of impact is the percentage of adult fee-for-service participants who received an Advanced Life Support (ALS) service by fiscal year. ALS services are those emergency services which statutorily require a paramedic to be on-board the vehicle. The reimbursement rates of ALS services are higher than Basic Life Support (BLS) service rates.



DME

In SFY19, the DME program's total expenditures was \$41,678,608.06. The DME item with the highest total expenditures in FY19 were rentals on oxygen concentrators. The total expenditures for this DME service in FY19 was \$5,274,751. If a participant is deprived of an oxygen concentrator, the potential for a life-threatening emergency is high. The outcome could cause the participant to enter into a higher level of care, and thus, cost the state significantly more.



PROGRAM DESCRIPTION

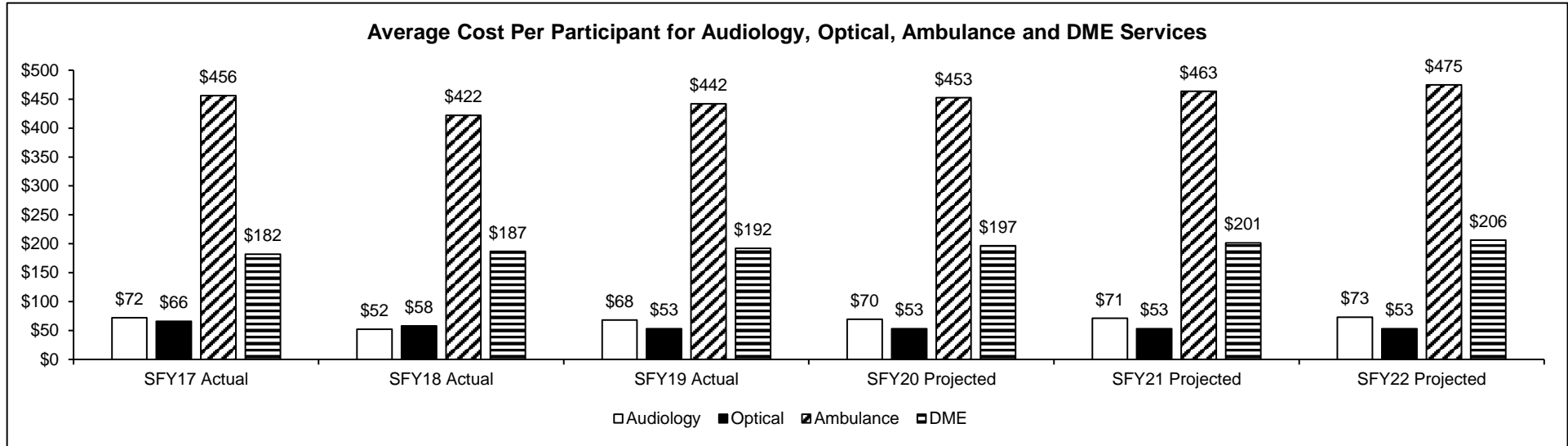
Department: Social Services

HB Section(s): 11.675

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

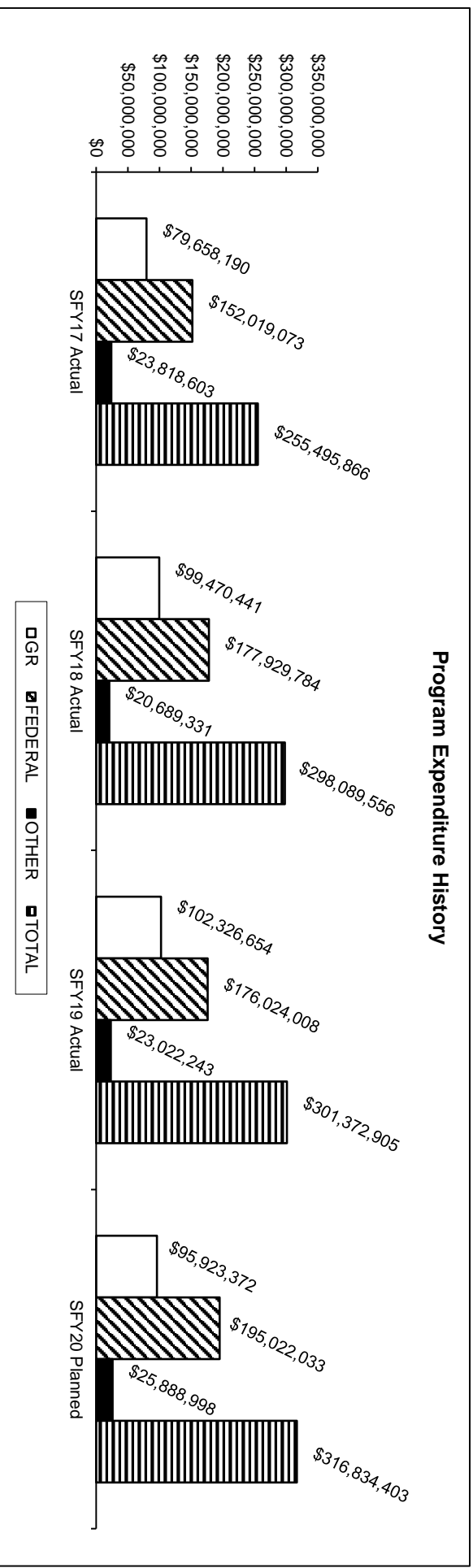
Department: Social Services

Program Name: Rehab and Specialty Services

Program is found in the following core budget(s): Rehab and Specialty Services

HB Section(s): 11.675

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Health Initiatives Fund (0275), Healthy Families Trust Fund (0625), Nursing Facility Reimbursement Allowance Fund (0196), Ambulance Service Reimbursement Allowance Fund (0958)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo; Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o); Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults but is mandatory for children.

NDI - Hospice Rate Increase

NEW DECISION ITEM
RANK: 15 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase

Budget Unit: 90550C

DI# 1886002

HB Section: 11.675

1. AMOUNT OF REQUEST

	FY 2021 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	124,613	238,161		362,774
TRF				
Total	124,613	238,161	0	362,774
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2021 Governor's Recommendation			
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funding is needed to apply the annual hospice rate adjustment as established by Medicare.

The MO HealthNet hospice rates are calculated based on the annual hospice rates established under Medicare, Section 1814(j)(1)(ii). The Social Security Act provides for an annual increase in payment rates for hospice care services.

NEW DECISION ITEM
RANK: 15 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase

Budget Unit: 90550C

DI# 1886002

HB Section: 11.675

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MO HealthNet reimbursement for hospice care is made at one of four predetermined rates for each day in which an individual is under the care of the hospice. The four levels of care are routine home care, continuous home care, inpatient respite care, or general inpatient care. The rate paid for any day may vary, depending on the level of care furnished. Payment rates are adjusted for regional differences in wages.

An increase of 2.11% is requested and was applied to the actual FY18 hospice payments to arrive at the total need. MHD will know the actual FY21 hospice rate increase amount in October 2019. The FY19 units of care and expended amounts will be available for the Governor's Recommended budget.

Department Request:

Type of Care	FY18 Units of Care	FY18 Expended Amount	FY 18 Avg. Cost	2.11% Increase	FY21 Avg. Cost with Rate Inc
Routine Home Care	108,047	\$ 16,459,220	\$ 152.33	\$ 3.21	\$ 155.55
Continuous Care	276	\$ 10,125	\$ 36.68	\$ 0.77	\$ 37.46
Inpatient Respite Care	167	\$ 27,179	\$ 162.75	\$ 3.43	\$ 166.18
General Inpatient Care	1,034	\$ 696,575	\$ 673.67	\$ 14.21	\$ 687.88
FY18 Expenditure Hospice Total		\$ 17,193,099			
FY21 Proposed Rate Increase		2.11%			
FY21 Hospice Rate Increase Total		\$362,774			
FMAP 65.65%		Total	GR	Federal	
Hospice rate increase		362,774	124,613	238,161	

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	124,613		238,161		0		362,774		0
Grand Total	124,613	0.0	238,161	0.0	0	0.0	362,774	0.0	0

NEW DECISION ITEM
RANK: 15 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase

Budget Unit: 90550C

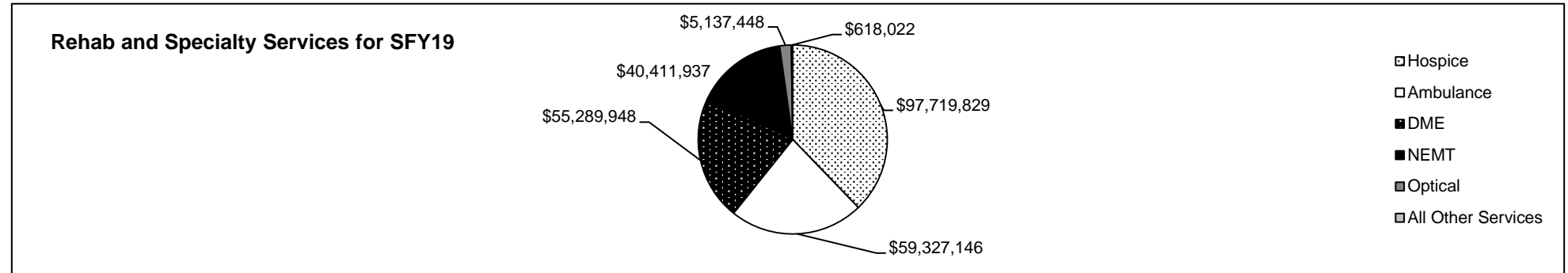
DI# 1886002

HB Section: 11.675

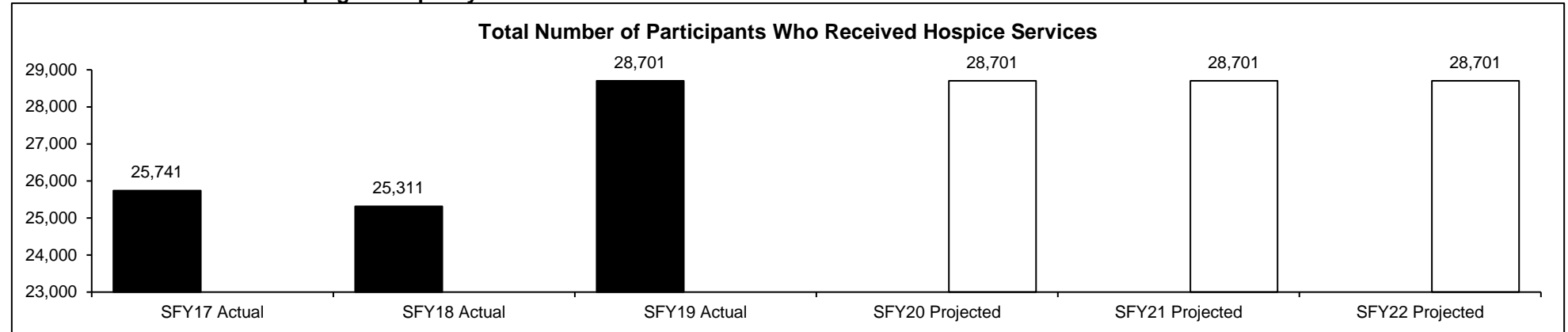
6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

The total number of fee-for-service participants eligible for Rehab and Specialty services was 261,431 (as of June 2019). The rehab program comprises 2.79% of the total Medicaid program dollars. The top 5 services within the Rehab and Specialty services program were hospice, ambulance, DME, non-emergency medical transportation (NEMT), and optical, based on total SFY 2019 expenditures. All other service types that make up less than 1% of total expenditures include: audiology services, rehabilitation center services, non-participating provider services, comprehensive day rehabilitation services, and disease management services.



6b. Provide a measure of the program's quality.



NEW DECISION ITEM
RANK: 15 OF 36

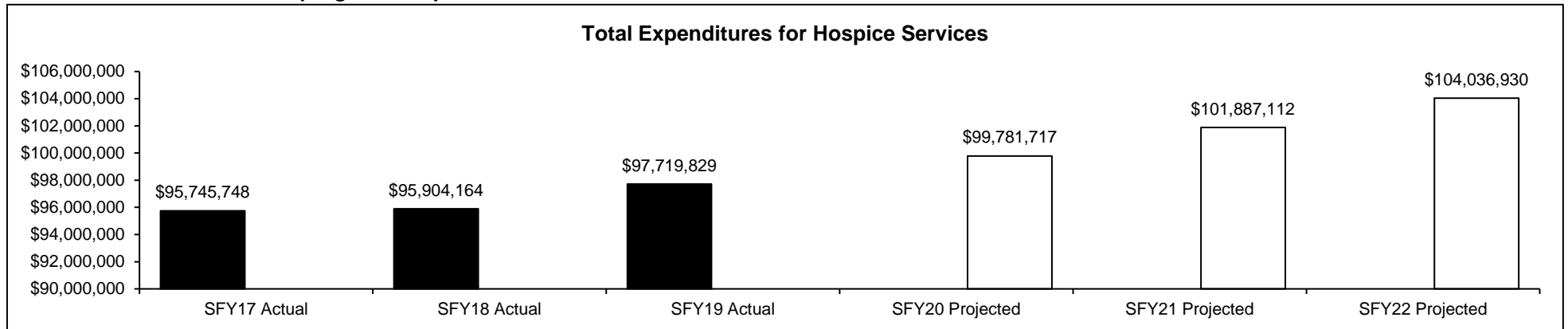
Department: Social Services
Division: MO HealthNet
DI Name: Hospice Rate Increase

Budget Unit: 90550C

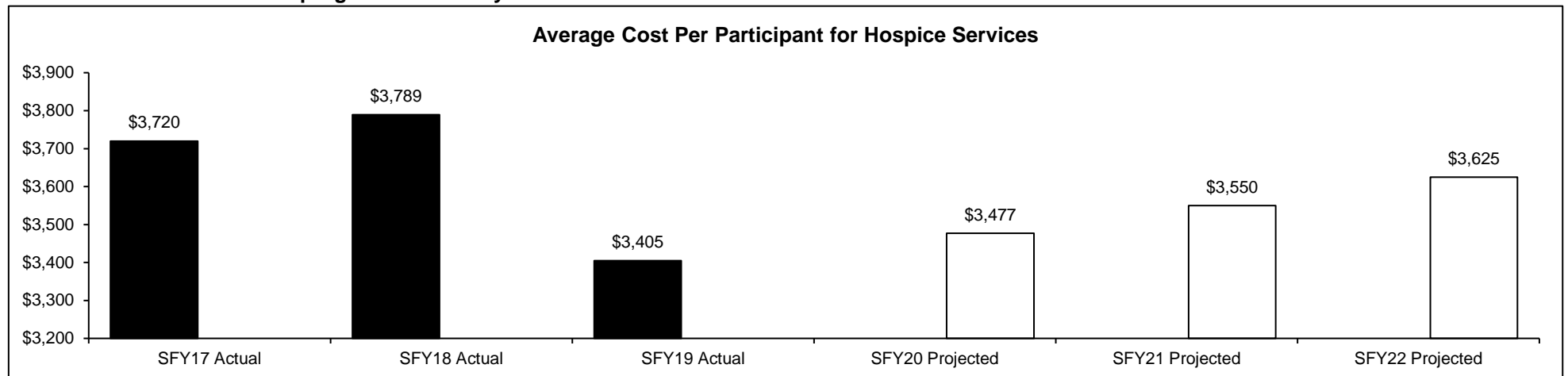
DI# 1886002

HB Section: 11.675

6c. Provide a measure of the program's impact.



6d. Provide a measure of the program's efficiency



7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

Effective 7/1/2019, there was a 2.11% rate increase in the Hospice program. The MHD will continue to ensure that they will reimburse providers for services that are medically necessary for eligible participants.

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
Hospice Rate Increase - 1886002								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	362,774	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	362,774	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$362,774	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$124,613	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$238,161	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**Core - Treat No
Transport (TNT)**

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Treat No Transport (TNT)

Budget Unit: 90579C

HB Section: 11.675

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	481,393	917,600		1,398,993
TRF				
Total	481,393	917,600	0	1,398,993
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item funds Treat No Transport (TNT), formerly known as Community Health Access Programs (CHAPs). This specific appropriation funds a procedure code which reimburses paramedics for providing treatment on-site to a MO HealthNet participant who would otherwise be transported by ambulance to an emergency department.

3. PROGRAM LISTING (list programs included in this core funding)

Treat No Transport (TNT)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Treat No Transport (TNT)

Budget Unit: 90579C

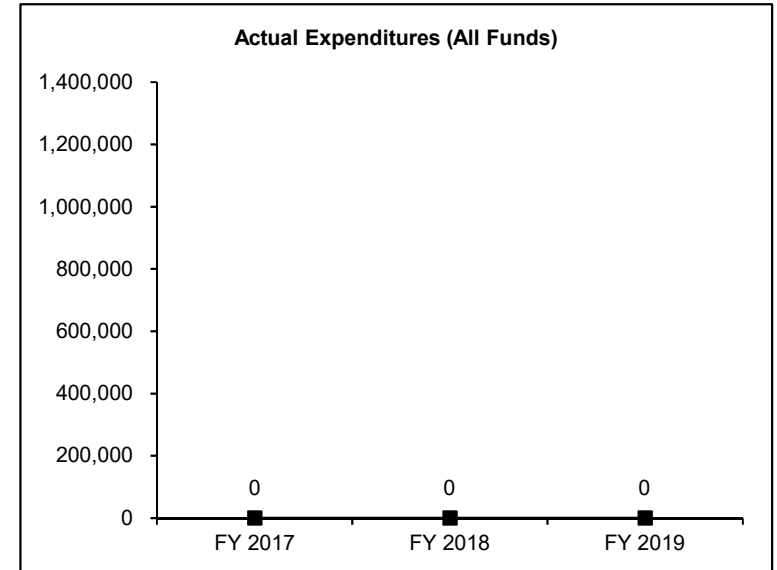
HB Section: 11.675

4. CORE FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	1,631,676	1,398,993	1,398,993	1,398,993
Less Reverted (All Funds)	0	0	(14,606)	N/A
Less Restricted (All Funds)*	(600,000)	0	0	N/A
Budget Authority (All Funds)	1,031,676	1,398,993	1,384,387	1,398,993
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	1,031,676	1,398,993	1,384,387	N/A
Unexpended, by Fund:				
General Revenue	600,000	500,000	472,244	N/A
Federal	1,031,676	898,993	912,143	N/A
Other	0	0	0	N/A

(1)

(2)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - Lapse of \$500,000 GR due to release of expenditure restriction in FY18.

(1) FY19 - Lapse of \$472,244 GR due to approval of the State Plan Amendment (SPA) not being approved by CMS during FY19.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
TREAT NO TRANSPORT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	481,393	917,600	0	1,398,993	
	Total	0.00	481,393	917,600	0	1,398,993	
DEPARTMENT CORE REQUEST							
	PD	0.00	481,393	917,600	0	1,398,993	
	Total	0.00	481,393	917,600	0	1,398,993	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	481,393	917,600	0	1,398,993	
	Total	0.00	481,393	917,600	0	1,398,993	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TREAT NO TRANSPORT								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	481,393	0.00	481,393	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	917,600	0.00	917,600	0.00	0	0.00
TOTAL - PD	0	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
TOTAL	0	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
Treat No Transport - 1886012								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	574,071	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,094,157	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,668,228	0.00	0	0.00
TOTAL	0	0.00	0	0.00	1,668,228	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$1,398,993	0.00	\$3,067,221	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TREAT NO TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
TOTAL - PD	0	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$481,393	0.00	\$481,393	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$917,600	0.00	\$917,600	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.675

Program Name: Treat No Transport (TNT)

Program is found in the following core budget(s): TNT

1a. What strategic priority does this program address?

Onsite treatment by paramedics

1b. What does this program do?

The Treat No Transport (TNT) program, previously known as Community Health Access Programs (CHAPs), funds a new procedure code which will reimburse emergency medical technicians or paramedics for providing treatment on-site to a MO HealthNet participant who would otherwise be transported by ambulance to an emergency department.

This program is intended to assist participants that have been over-utilizing emergency rooms/services and the 911 system for non-medical emergencies. For a 911 dispatched call the participant will be seen on-site by an ambulance services provider (emergency medical technician or paramedic) that will perform a medical assessment and determine if the participant needs to be transported to the emergency department.

If the emergency medical technician or paramedic determines that an emergency does not exist, the participant will be treated on-site. The emergency medical technician or paramedic may also refer the participant for follow-up services.

The MO HealthNet Division will be working with CMS to develop the program. CMS has expressed interest in this concept of emergency services workers providing non-emergent interventions in the home, rather than transporting the participant to the emergency department. The program will begin January 1, 2020.

2a. Provide an activity measure for the program.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include the number of times the Treat No Transport procedure code was billed/paid.

2b. Provide a measure of the program's quality.

This is a new program and MHD will have updated measures once data is available. Outcome measures will show how many TNT services were provided based on paid claims which will show the number of ER visits avoided as well as the utilization of TNT from total ambulance trips.

2c. Provide a measure of the program's impact.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include projected Emergency Room costs avoided.

2d. Provide a measure of the program's efficiency.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include the average Emergency Room costs and compare to TNT procedure code reimbursement.

PROGRAM DESCRIPTION

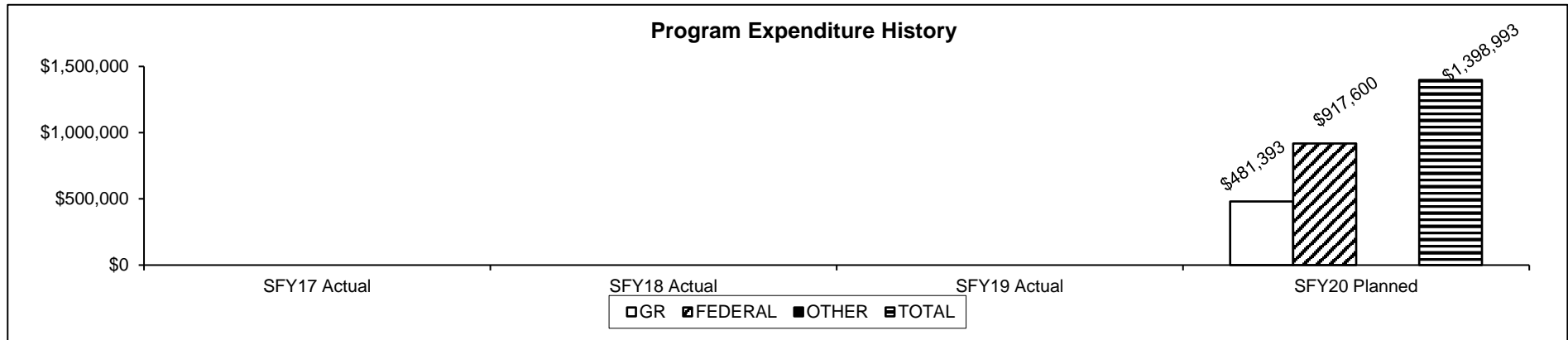
Department: Social Services

HB Section(s): 11.675

Program Name: Treat No Transport (TNT)

Program is found in the following core budget(s): TNT

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Regulations: 42 CFR, 447.272.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

NDI - Treat No Transport

NEW DECISION ITEM
RANK: 22 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Treat No Transport (TNT)

Budget Unit: 90579C

DI# 1886012

HB Section: 11.675

1. AMOUNT OF REQUEST

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	574,071	1,094,157		1,668,228
TRF				
Total	<u>574,071</u>	<u>1,094,157</u>	<u>0</u>	<u>1,668,228</u>
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
FTE				0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input checked="" type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This NDI request is to fully fund and operate the Treat No Transport program, formerly known as the Community Health Access Program (CHAPS). This program funds a new procedure code which would reimburse emergency medical service providers for providing treatment on-site to a MO HealthNet participant who would otherwise be transported by ambulance to an emergency department.

This program is intended to assist participants that have been over-utilizing emergency rooms/services and the 911 system for non-medical emergencies. For a 911 dispatched call the participant will be seen on-site by an ambulance services provider (emergency medical technician or paramedic) that will perform a medical assessment and determine if the participant needs to be transported to the emergency department.

Funding of \$1,398,993 was appropriated for this program in FY20. MHD estimates the cost of the program (for a full year) will be \$3,067,221. This request is to fully fund the program in FY21.

NEW DECISION ITEM
RANK: 22 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Treat No Transport (TNT)

Budget Unit: 90579C

DI# 1886012

HB Section: 11.675

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This program funds payment for a new procedure code which would reimburse EMS providers for providing treatment on-site to a MO HealthNet participant who would otherwise be transported by ambulance to an emergency department. Funding of \$1,398,993 was appropriated in FY20. MHD estimates the cost of the program (for a full year) will be \$3,067,221. This request is to fully fund the program in FY21.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	574,071		1,094,157		0		1,668,228		0
Grand Total	574,071	0.0	1,094,157	0.0	0	0.0	1,668,228	0.0	0

NEW DECISION ITEM
RANK: 22 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Treat No Transport (TNT)

Budget Unit: 90579C

DI# 1886012

HB Section: 11.675

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include the number of times the Treat No Transport procedure code was billed/paid.

6b. Provide a measure of the program's quality.

This is a new program and MHD will have updated measures once data is available. Outcome measures will show how many TNT services were provided based on paid claims which will show the number of ER visits avoided as well as the utilization of TNT from total ambulance trips.

6c. Provide a measure of the program's impact.

This is a new program and MHD will have updated measures once data is available. Outcome measures will include projected Emergency Room costs avoided.

6d. Provide a measure of the program's efficiency

This is a new program and MHD will have updated measures once data is available. Outcome measures will include the average Emergency Room costs and compare to TNT procedure code reimbursement.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

The MHD is currently working with CMS to develop the TNT program.

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TREAT NO TRANSPORT								
Treat No Transport - 1886012								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,668,228	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,668,228	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,668,228	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$574,071	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,094,157	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - Non-Emergency
Medical Transportation
(NEMT)

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Non-Emergency Medical Transportation (NEMT)

Budget Unit: 90561C

HB Section: 11.675

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request					FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS					PS				0
EE					EE				0
PSD	14,047,772	33,235,927		47,283,699	PSD				0
TRF					TRF				0
Total	14,047,772	33,235,927	0	47,283,699	Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00	FTE				0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for payments for non-emergency medical transportation (NEMT) for the fee-for-service program.

3. PROGRAM LISTING (list programs included in this core funding)

Non-Emergency Medical Transportation (NEMT)

CORE DECISION ITEM

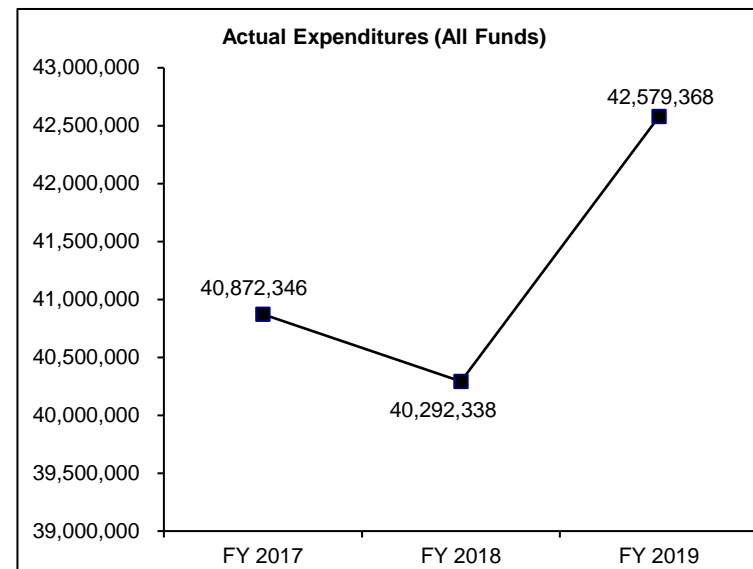
Department: Social Services
Division: MO HealthNet
Core: Non-Emergency Medical Transportation (NEMT)

Budget Unit: 90561C

HB Section: 11.675

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	46,604,497	44,112,708	47,279,866	47,283,699
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	46,604,497	44,112,708	47,279,866	47,283,699
Actual Expenditures (All Funds)	40,872,346	40,292,338	42,579,368	N/A
Unexpended (All Funds)	5,732,151	3,820,370	4,700,498	N/A
Unexpended, by Fund:				
General Revenue	1,773,049	1	0	N/A
Federal	3,959,102	3,820,369	4,700,498	N/A
Other	0	0	0	N/A
		(1)	(2)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - \$137,073 GR and \$3,007,261 Fed was used as flex to cover shortfalls in other program lines.

(2) FY19 - \$239,982 GR was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NON-EMERGENCY TRANSPORT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	14,047,772	33,235,927	0	47,283,699	
	Total	0.00	14,047,772	33,235,927	0	47,283,699	
DEPARTMENT CORE REQUEST							
	PD	0.00	14,047,772	33,235,927	0	47,283,699	
	Total	0.00	14,047,772	33,235,927	0	47,283,699	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	14,047,772	33,235,927	0	47,283,699	
	Total	0.00	14,047,772	33,235,927	0	47,283,699	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	13,901,305	0.00	14,047,772	0.00	14,047,772	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	28,678,063	0.00	33,235,927	0.00	33,235,927	0.00	0	0.00
TOTAL - PD	42,579,368	0.00	47,283,699	0.00	47,283,699	0.00	0	0.00
TOTAL	42,579,368	0.00	47,283,699	0.00	47,283,699	0.00	0	0.00
MHD CTC - 1886001								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	570,726	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,088,194	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,658,920	0.00	0	0.00
TOTAL	0	0.00	0	0.00	1,658,920	0.00	0	0.00
Asset Limit CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	32,094	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	61,337	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	93,431	0.00	0	0.00
TOTAL	0	0.00	0	0.00	93,431	0.00	0	0.00
NEMT Actuarial Increase - 1886009								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,027,228	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,963,246	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,990,474	0.00	0	0.00
TOTAL	0	0.00	0	0.00	2,990,474	0.00	0	0.00
Asset Limit Phase-In - 1886021								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	15,980	0.00	0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
Asset Limit Phase-In - 1886021								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	30,540	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	46,520	0.00	0	0.00
TOTAL	0	0.00	0	0.00	46,520	0.00	0	0.00
GRAND TOTAL	\$42,579,368	0.00	\$47,283,699	0.00	\$52,073,044	0.00	\$0	0.00

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90561C BUDGET UNIT NAME: Non-Emergency Medical Transportation (NEMT) HOUSE BILL SECTION: 11.675	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$52,073,044 </td> <td style="text-align: right; width: 15%;"> % Flex 0.25% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$130,183 </td> <td style="width: 55%;"> Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695. </td> </tr> </table>		Total \$52,073,044	% Flex 0.25%	Flex Amount \$130,183	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.
Total \$52,073,044	% Flex 0.25%	Flex Amount \$130,183	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
N/A	HB11 language allows up to .25% flexibility between 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.	.25% flexibility is being requested for FY21			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.				

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90561C BUDGET UNIT NAME: Non-Emergency Medical Transportation (NEMT) HOUSE BILL SECTION: 11.675	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: right;">Total</td> <td style="width: 10%; text-align: right;">% Flex</td> <td style="width: 15%; text-align: right;">Flex Amount</td> <td style="width: 42%;"></td> </tr> <tr> <td style="text-align: right;">\$52,073,044</td> <td style="text-align: right;">10%</td> <td style="text-align: right;">\$5,207,304</td> <td>Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.</td> </tr> </table>		Total	% Flex	Flex Amount		\$52,073,044	10%	\$5,207,304	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.
Total	% Flex	Flex Amount							
\$52,073,044	10%	\$5,207,304	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
\$239,982	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
Flex was used to cover shortfalls in Dental, SMHB, and Clawback payments until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.								

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	42,579,368	0.00	47,283,699	0.00	47,283,699	0.00	0	0.00
TOTAL - PD	42,579,368	0.00	47,283,699	0.00	47,283,699	0.00	0	0.00
GRAND TOTAL	\$42,579,368	0.00	\$47,283,699	0.00	\$47,283,699	0.00	\$0	0.00
GENERAL REVENUE	\$13,901,305	0.00	\$14,047,772	0.00	\$14,047,772	0.00		0.00
FEDERAL FUNDS	\$28,678,063	0.00	\$33,235,927	0.00	\$33,235,927	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.675

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

1a. What strategic priority does this program address?

Provide access to NEMT services to MHD participants

1b. What does this program do?

The purpose of the NEMT program is to ensure transportation services to MO HealthNet participants who do not otherwise have access to appropriate transportation to and from scheduled MO HealthNet covered services.

The Missouri NEMT Program is structured to utilize and build on the existing transportation network in the state. The federally-approved method used by Missouri to structure the NEMT Program allows the state to have one statewide transportation broker to coordinate the transportation providers. The broker determines which transportation provider will be assigned to each MO HealthNet participant.

NEMT services are defined as a ride, or reimbursement for a ride, and ancillary services provided so that a MO HealthNet participant with no other means of transportation resources can receive MO HealthNet covered services from a medical service provider. By definition, NEMT does not include transportation provided on an emergency basis, such as trips to the emergency room in life-threatening situations, unloaded miles, or transportation provider wait times.

The NEMT broker must ensure that NEMT services are available 24 hours per day, seven (7) days per week, when medically necessary. The broker provides NEMT services to MO HealthNet-covered services that do not include transportation. In addition, the broker arranges NEMT services for one parent/guardian to accompany children under the age of 21, if requested. The broker also arranges NEMT services for an attendant, if appropriate, to accompany children under the age of 21. If the participant is under the age of 17, a parent/guardian must ride with them.

In addition to authorizing the transportation services, the broker authorizes and arranges the least expensive and most appropriate ancillary services.

Ancillary services are only authorized if:

1. The medical appointment requires an overnight stay; and
2. Volunteer, community, or other ancillary services are *not* available without a fee/charge to the participant.

One parent/guardian is allowed ancillary services when a MO HealthNet-eligible child is inpatient in a hospital setting and meets the following criteria:

1. The hospital does not provide ancillary services without a cost to the participant's parent/guardian; and
2. The hospital is more than 120 miles from the participant's residence; or
3. The hospitalization is related to a MO HealthNet-covered transplant service.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.675

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

Reimbursement Methodology

NEMT services are reimbursed in the Fee-for-Service (FFS) and Managed Care settings. For Managed Care participants, NEMT services are reimbursed by MO HealthNet through the actuarially-sound capitated rate paid to the Managed Care Organizations (MCOs) and are not reimbursed under this line. *See Managed Care program description for more information.* As of November 2004, the service is provided to FFS participants as a direct state plan service. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT FFS participant based on which of the four regions of the state in which the participant resides. Logisticare is Missouri's NEMT broker contract. The current contract was effective July 1, 2018.

Where appropriate and possible, the MHD enters into cooperative agreements to provide matching MO HealthNet funds for state and local general revenue already being used to transport MO HealthNet-enrolled participants to medical services. Participants are required to use public entity transportation when available. When they do so, the payments are made to public entities on a per-trip basis. By working with existing governmental entities and established transportation providers, NEMT is provided in a cost-effective manner and governmental agencies are able to meet the needs of their constituency.

The MHD works with state and local agencies to provide federal matching funds for general revenue used for NEMT services including:

- The Children's Division for children in state care and custody
- St. Louis Metro Call-A-Ride
- Kansas City Area Transit Authority
- The City of Columbia
- City Utilities of Springfield
- Nevada City Hospital
- The City of Jefferson

NEMT Rate History		
SFY	MHD Rate	DMH and MHD Rate*
2019	\$11.65	\$2.74
2018	\$11.38	\$2.66
2017	\$6.80	

*Combined Weighted Average Rate History Based on FTE
SFY18 rate increase was due to the transition of members to statewide managed care. The remaining members in FFS experience higher levels of transportation utilization.

In SFY19 the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

SFY20 rates will be available in October.

NEMT Actuarial Rate History			
SFY	MHD	DMH	Combined
2020	5.30%	2.20%	5.10%
2019	2.40%	13.60%	3.00%

In SFY19 the Department of Mental Health's (DMH) NEMT budget appropriation was transferred to MHD.

PROGRAM DESCRIPTION

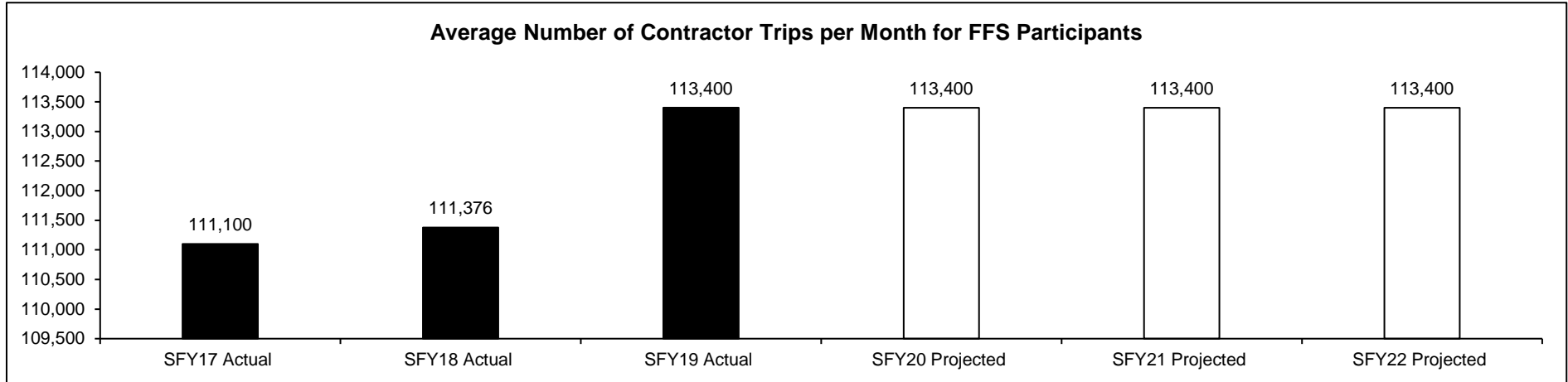
Department: Social Services

HB Section(s): 11.675

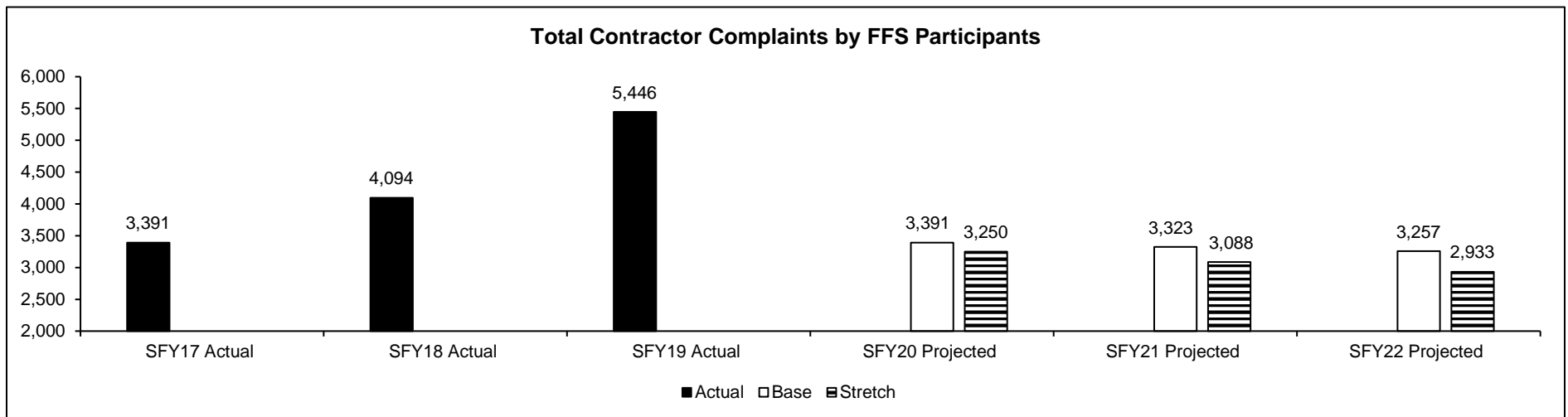
Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

2a. Provide an activity measure(s) for the program.



2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

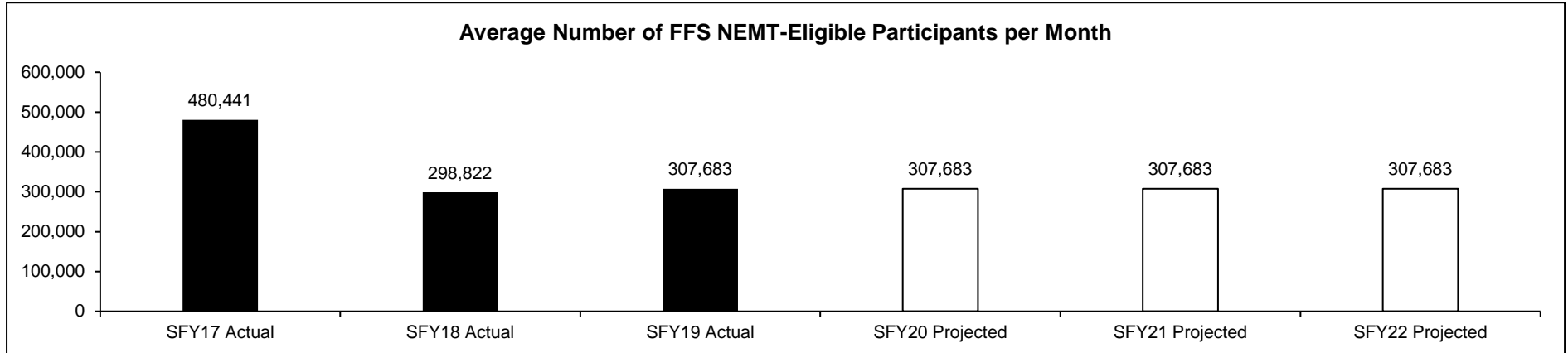
Department: Social Services

HB Section(s): 11.675

Program Name: Non-Emergency Medical Transportation (NEMT)

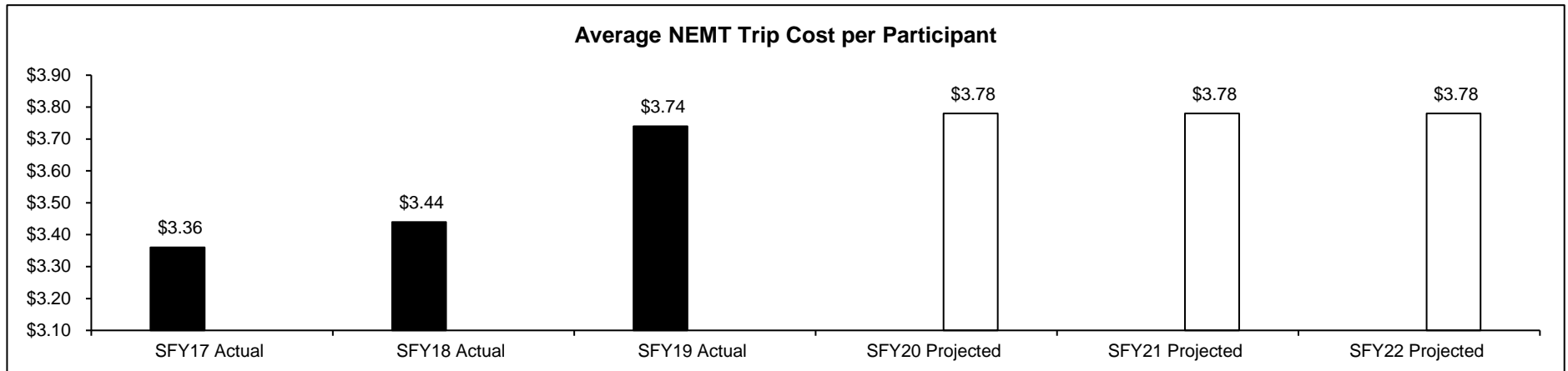
Program is found in the following core budget(s): NEMT

2c. Provide a measure(s) of the program's impact.



SFY18 saw a significant reduction in FFS participants eligible for NEMT due to statewide Managed Care implementation.

2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

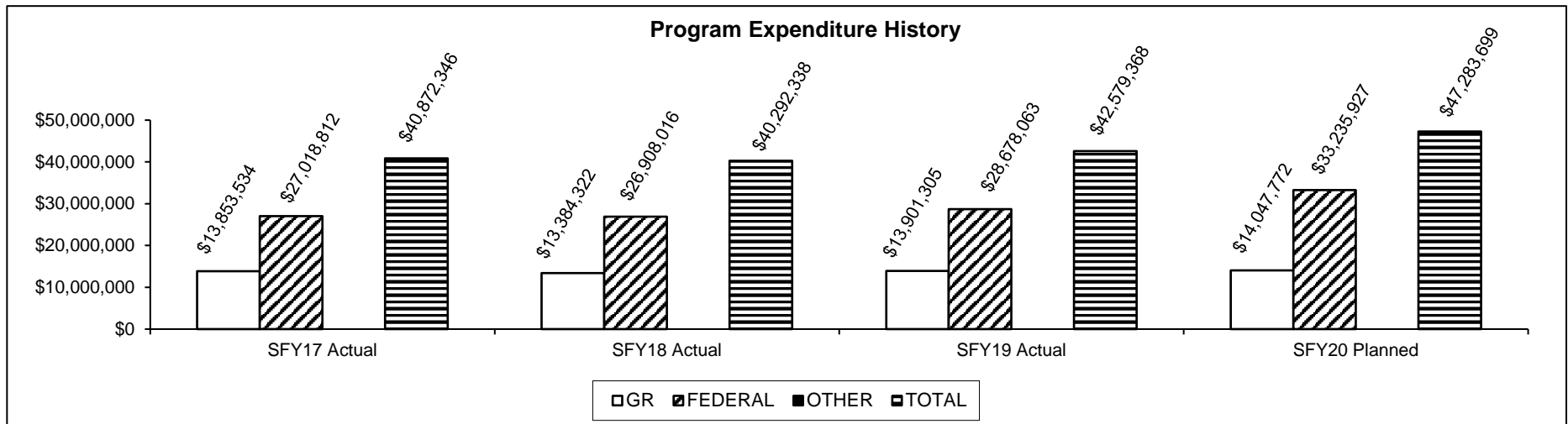
Department: Social Services

HB Section(s): 11.675

Program Name: Non-Emergency Medical Transportation (NEMT)

Program is found in the following core budget(s): NEMT

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo. Federal regulation: 42 CFR 431.53 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, state Medicaid programs must assure availability of medically necessary transportation.

NDI - NEMT

Actuarial Increase

NEW DECISION ITEM
RANK: 20 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Actuarial Increase

Budget Unit: 90561C
HB Section: 11.675

DI# 1886009

1. AMOUNT OF REQUEST

	FY 2021 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	1,027,228	1,963,246		2,990,474
TRF				
Total	<u>1,027,228</u>	<u>1,963,246</u>	<u>0</u>	<u>2,990,474</u>
FTE	0.00	0.00	0.00	0.00

Est. Fringe	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
--------------------	----------	----------	----------	----------

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

	FY 2021 Governor's Recommendation			
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
FTE				0.00

Est. Fringe	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
--------------------	----------	----------	----------	----------

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input checked="" type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input checked="" type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: <u>Actuarial Increase</u>	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funding is needed for the Non-Emergency Medical Transportation (NEMT) contract cost increase. The cost increase is attributed to the increase needed to maintain actuarial soundness in SFY21. Federal regulation 42 CFR 438.4 requires the capitation payments be actuarially sound.

The purpose of the NEMT program is to ensure non-emergency medical transportation to scheduled MO HealthNet covered services for MO HealthNet participants in the fee-for-service program who do not have access to free and appropriate transportation. The participant is to be provided with the most appropriate mode of transportation. The state contracts with a statewide broker and pays monthly capitation payments for each NEMT participant, based on eligibility group, and which of the four regions of the state the participant resides.

NEW DECISION ITEM
RANK: 20 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Actuarial Increase

Budget Unit: 90561C

DI# 1886009

HB Section: 11.675

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The state contracted actuary provided the projected managed transportation trends for the SFY21 NEMT budget. The estimate was for a 6.9% MO HealthNet and 7.2% Department of Mental Health actuarial increase over SFY20 rates related to increases in utilization and cost components. In SFY19 the Department of Mental Health's NEMT budget appropriation was transferred to MO HealthNet.

MHD Statewide Contract (Four Regions)

Region*	Member Months July 2019	FY20 Rates (contract amendment)	FY 21 Trend Rates	Estimated Annual Cost FY20 Rates	Estimated Annual Cost FY21 Rates	Estimated Annual Cost of FY21 Rate Increase
01	63,115	13.34	14.30	\$ 10,103,480	\$ 10,830,930	\$ 727,451
02	36,433	10.19	11.07	\$ 4,455,063	\$ 4,838,198	\$ 383,135
03	125,534	16.69	17.77	\$ 25,142,018	\$ 26,776,249	\$ 1,634,231
SW	73,665	0.76	0.79	\$ 671,822	\$ 698,023	\$ 26,201
TOTAL	298,748			\$ 40,372,382	\$ 43,143,400	\$ 2,771,018

Region 1 - Aged, Blind, Disabled (Franklin, Jefferson, St. Charles, St. Louis County, St. Louis City)

Region 2 - Aged, Blind, Disabled (Cass, Clay, Jackson, Johnson, Lafayette, Platte, Ray)

Region 3 - Aged, Blind, Disabled (All other counties)

Statewide - Medicaid for Families, Children, Pregnant Women

DMH Contract Rates (Four Regions)

Region*	Member Months July 2019	FY20 Rates (contract amendment)	FY 21 Trend Rates	Estimated Annual Cost FY20 Rates	Estimated Annual Cost FY21 Rates	Estimated Annual Cost of FY21 Rate Increase
01	63,100	0.44	0.45	\$ 333,168	\$ 340,831	\$ 7,663
02	366,474	0.74	0.75	\$ 3,254,289	\$ 3,299,849	\$ 45,560
03	125,478	1.15	1.26	\$ 1,731,596	\$ 1,897,830	\$ 166,233
SW	646,957	0.01	0.01	\$ 77,635	\$ 77,635	\$ -
	1,202,009			\$ 5,396,688	\$ 5,616,145	\$ 219,456

	GR	Fed	Total
MHD	951,845	1,819,173	2,771,018
DMH	75,383	144,073	219,456
Total	1,027,228	1,963,246	2,990,474
FMAP	34.35%	65.65%	

NEW DECISION ITEM
RANK: 20 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Actuarial Increase

Budget Unit: 90561C

DI# 1886009

HB Section: 11.675

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	1,027,228		1,963,246		0		2,990,474		0
Grand Total	1,027,228	0.0	1,963,246	0.0	0	0.0	2,990,474	0.0	0

NEW DECISION ITEM
RANK: 20 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Actuarial Increase

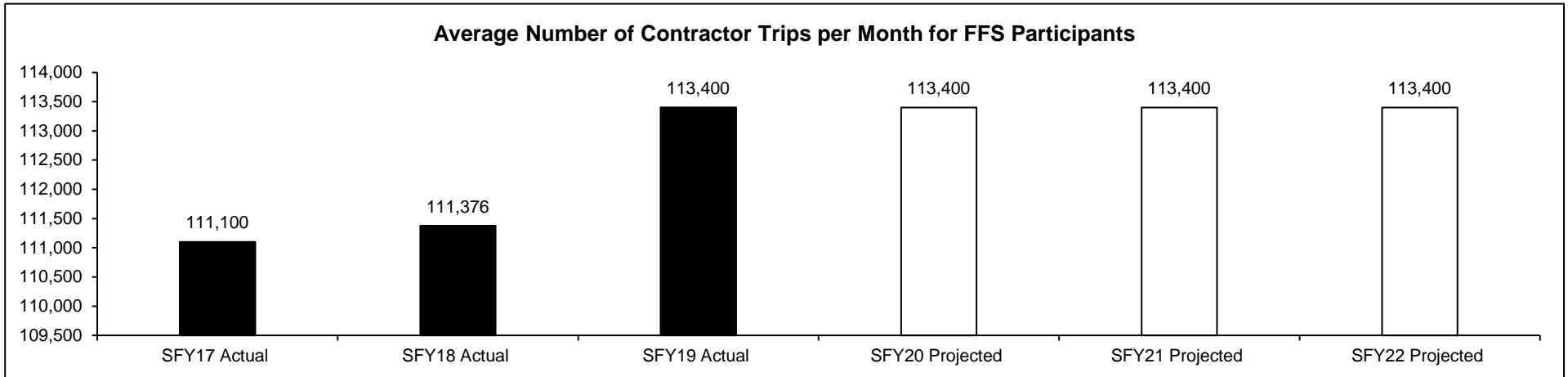
DI# 1886009

Budget Unit: 90561C

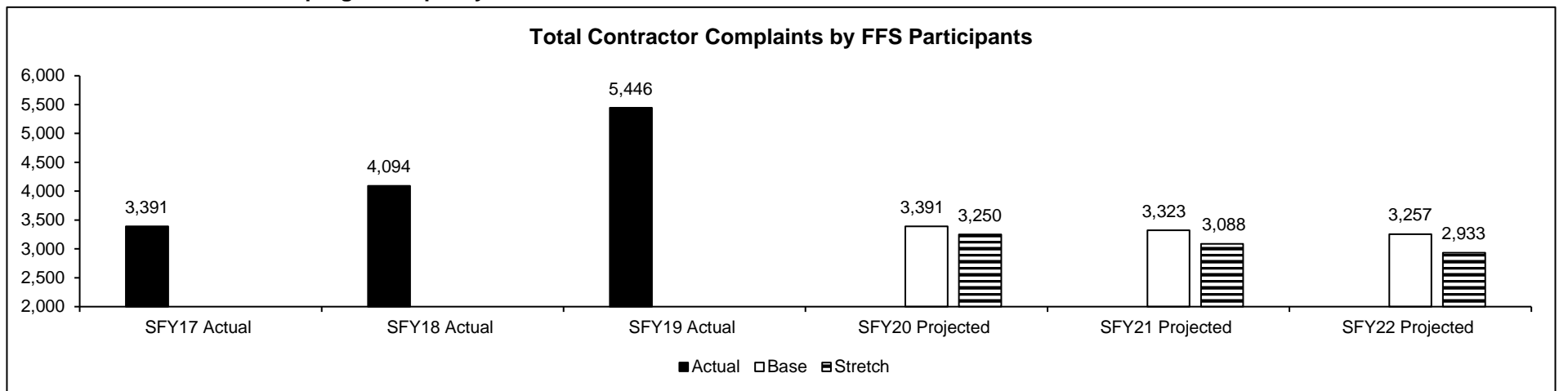
HB Section: 11.675

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.



6b. Provide a measure of the program's quality.



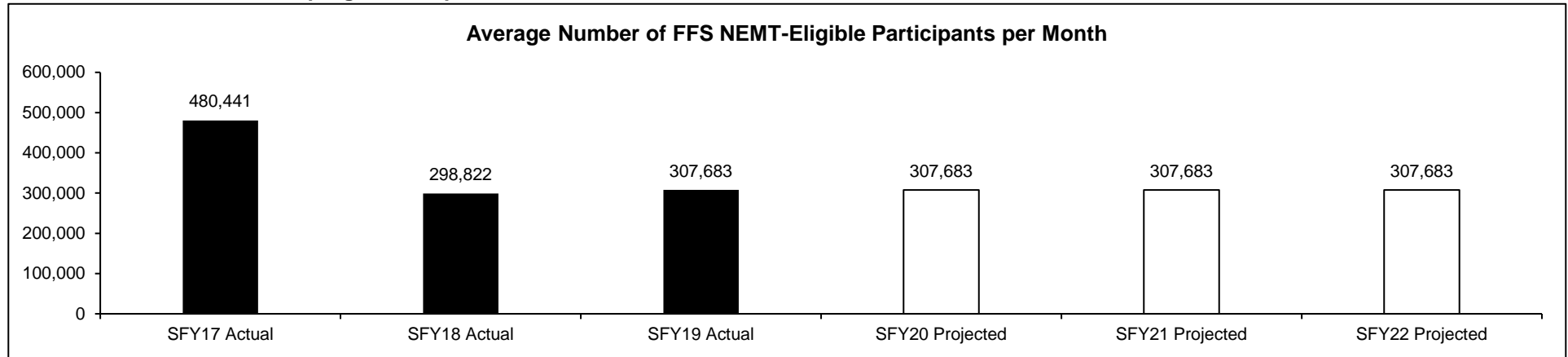
NEW DECISION ITEM
RANK: 20 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: NEMT Actuarial Increase

DI# 1886009

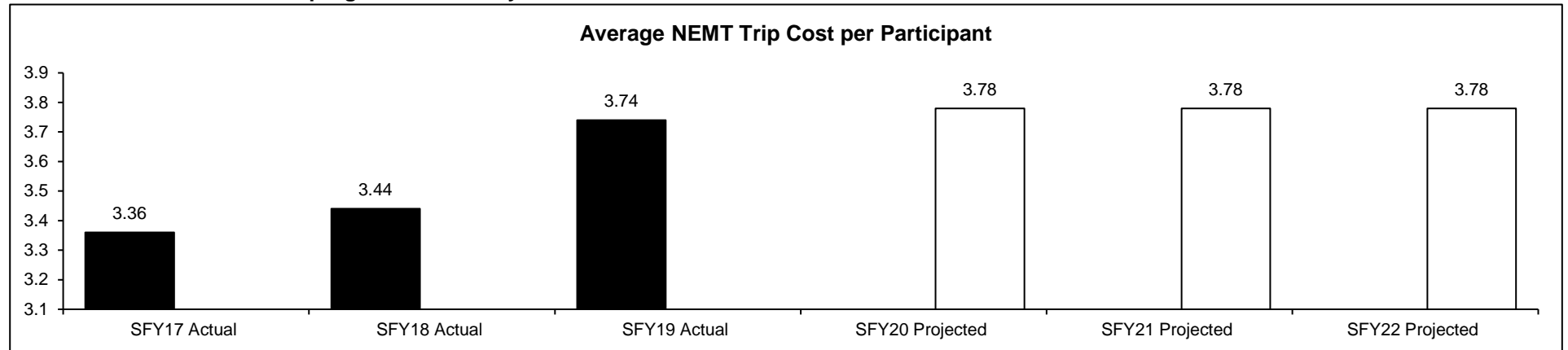
Budget Unit: 90561C
HB Section: 11.675

6c. Provide a measure of the program's impact.



SFY18 saw a significant reduction in FFS participants eligible for NEMT due to statewide Managed Care implementation.

6d. Provide a measure of the program's efficiency



7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

MHD continues to work with existing governmental entities and established transportation providers to provide non-emergency medical transportation to scheduled MO HealthNet covered services for MO HealthNet participants in the fee-for-service program who do not have access to free and appropriate transportation

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
NEMT Actuarial Increase - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,990,474	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,990,474	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,990,474	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,027,228	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,963,246	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - Ground Emergency Medical Transportation (GEMT)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Ground Emergency Medical Transportation (GEMT)

Budget Unit: 90588C

HB Section: 11.680

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD		55,067,846	28,892,400	83,960,246
TRF				
Total	0	55,067,846	28,892,400	83,960,246
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Ground Emergency Medical Transportation (0422) - \$28,892,400

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This core request is to provide funding for payments for ground emergency medical transportation (GEMT) for the fee-for-service program.

3. PROGRAM LISTING (list programs included in this core funding)

Ground Emergency Medical Transportation (GEMT)

CORE DECISION ITEM

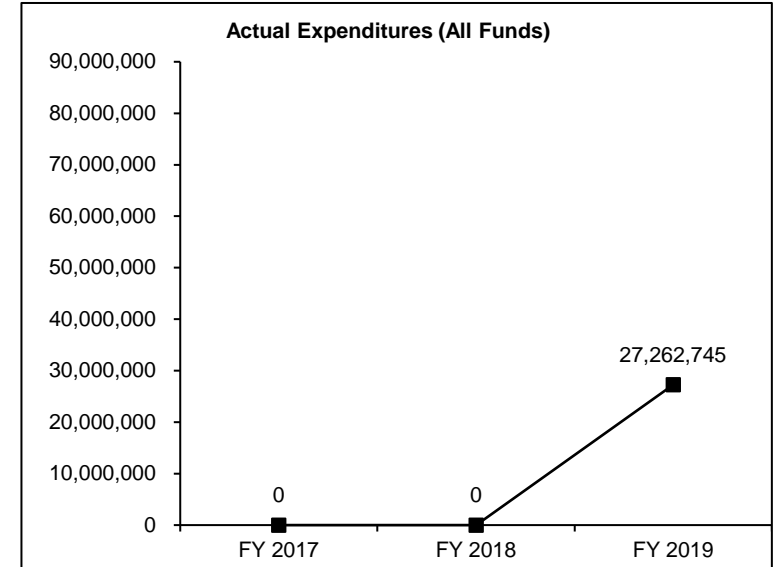
Department: Social Services
Division: MO HealthNet
Core: Ground Emergency Medical Transportation (GEMT)

Budget Unit: 90588C

HB Section: 11.680

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	0	83,960,246	75,748,556	83,960,246
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	0	83,960,246	75,748,556	83,960,246
Actual Expenditures (All Funds)	0	0	27,262,745	N/A
Unexpended (All Funds)	0	83,960,246	48,485,811	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	53,084,513	29,003,990	N/A
Other	0	30,875,733	19,481,821	N/A
			(1)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY19 - \$8,211,690 was held in Agency Reserve in the Federal Fund (0163).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GROUND EMER MED TRANSPORT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	0	55,067,846	28,892,400	83,960,246	
	Total	0.00	0	55,067,846	28,892,400	83,960,246	
<hr/>							
DEPARTMENT CORE REQUEST	PD	0.00	0	55,067,846	28,892,400	83,960,246	
	Total	0.00	0	55,067,846	28,892,400	83,960,246	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	PD	0.00	0	55,067,846	28,892,400	83,960,246	
	Total	0.00	0	55,067,846	28,892,400	83,960,246	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GROUND EMER MED TRANSPORT								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	17,528,919	0.00	55,067,846	0.00	55,067,846	0.00	0	0.00
GROUND EMERG MEDICAL TRANSPRT	9,733,826	0.00	28,892,400	0.00	28,892,400	0.00	0	0.00
TOTAL - PD	27,262,745	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
TOTAL	27,262,745	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
GRAND TOTAL	\$27,262,745	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$0	0.00

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90588C BUDGET UNIT NAME: GEMT HOUSE BILL SECTION: 11.680	DEPARTMENT: Social Services DIVISION: MO HealthNet
---	---

1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.

DEPARTMENT REQUEST

Total	% Flex	Flex Amount
\$83,960,246	10%	\$8,396,025

Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.

2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.

PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
N/A	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21

3. Please explain how flexibility was used in the prior and/or current years.

PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
Flex is new in FY21.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GROUND EMER MED TRANSPORT								
CORE								
PROGRAM DISTRIBUTIONS	27,262,745	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
TOTAL - PD	27,262,745	0.00	83,960,246	0.00	83,960,246	0.00	0	0.00
GRAND TOTAL	\$27,262,745	0.00	\$83,960,246	0.00	\$83,960,246	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$17,528,919	0.00	\$55,067,846	0.00	\$55,067,846	0.00		0.00
OTHER FUNDS	\$9,733,826	0.00	\$28,892,400	0.00	\$28,892,400	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.680

Program Name: Ground Emergency Medical Transportation (GEMT)

Program is found in the following core budget(s): GEMT

1a. What strategic priority does this program address?

Provide access to ground emergency transportation services.

1b. What does this program do?

The Ground Emergency Medical Transportation (GEMT) Program is a voluntary program that makes supplemental payments to eligible GEMT providers who furnish qualifying emergency ambulance services to Department of Social Services, MO HealthNet Division (MHD) participants. Providers must agree to fund the non-federal share of GEMT uncompensated cost reimbursement using an intergovernmental transfer (IGT) payment method. MHD will make supplemental payments to qualifying ambulance providers up to the amount uncompensated by all other sources of reimbursement. Total reimbursement from MHD, including the supplemental payment, will not exceed one hundred percent of actual costs.

The GEMT program began July 1, 2017. There were 48 providers that participated in the program the first year. Payments for the program began in FY 2019.

Reimbursement Methodology

Initial Cost Settlement

- Each eligible GEMT provider must compute the annual cost in accordance with the Cost Determination Protocols, and must submit the completed annual as-filed cost report, to MHD within five (5) months after the close of the State's Fiscal Year (SFY).
- MHD will make initial cost settlement payments to eligible GEMT providers. The initial cost settlement payment for each provider is based on the provider's completed annual cost report in the format prescribed by the MHD and approved by Centers for Medicare and Medicaid Services (CMS) for the applicable cost reporting year.
- To determine the GEMT payment rate, MHD must use the most recently filed cost reports of all qualifying providers. MHD will then determine an average cost per transport which will vary between the qualifying providers.

Cost Settlement Process

- The GEMT MO HealthNet Division payments and the number of transport data reported in the as-filed cost report will be reconciled to the Medicaid Management Information System (MMIS) reports generated for the cost reporting period within two (2) years of receipt of the as-filed cost report. The MHD will make adjustments to the as-filed cost report based on the reconciliation results of the most recently retrieved MMIS report.
- Each provider will receive payments in an amount equal to the greater of the interim payment or the total CMS approved Medicaid-allowable costs for GEMT services. The state share of the payment will be provided by an IGT payment from the provider.
- If, at the end of the final reconciliation, it is determined that the GEMT provider has been overpaid, the provider will return the overpayment to MHD, and MHD will return the overpayment to the federal government pursuant to Section 433.316 of Title 42 of the Code of Federal Regulations. If an underpayment is determined, then the GEMT provider will receive a supplemental payment in the amount of the underpayment.

This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

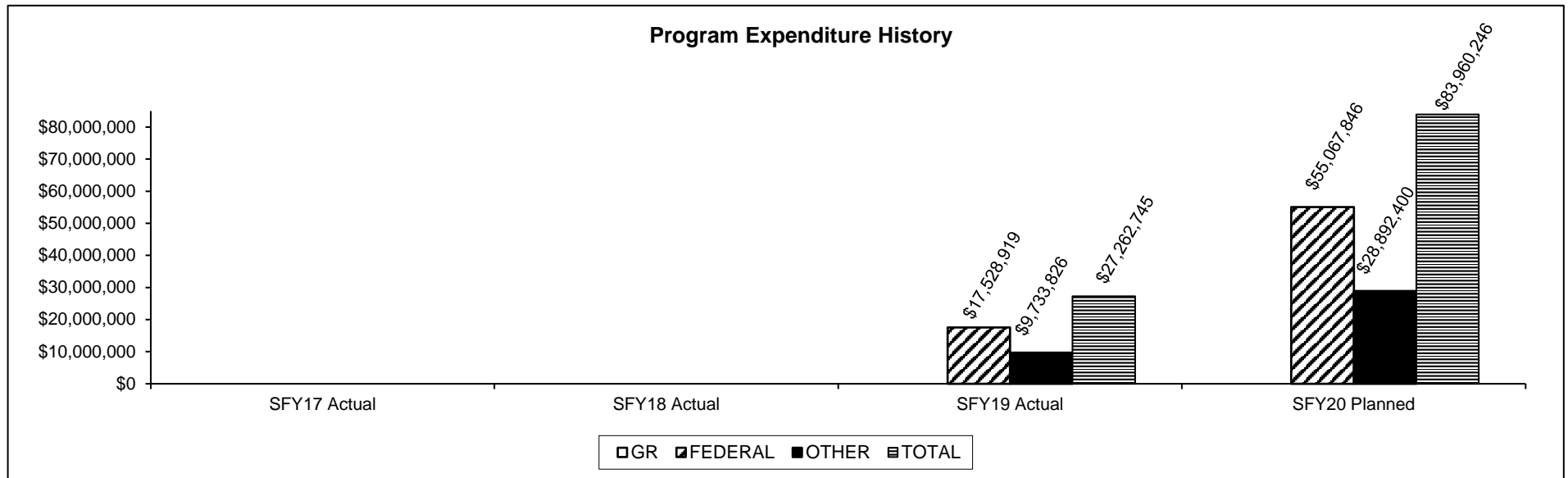
Department: Social Services

HB Section(s): 11.680

Program Name: Ground Emergency Medical Transportation (GEMT)

Program is found in the following core budget(s): GEMT

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

IGT: Ground Emergency Medical Transportation Fund (0422)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.1030 and 208.1032, RSMo. Senate Bill 607 passed by the 98th General Assembly in 2016. Federal Regulation: Section 433.316 of Title 42.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Complex Rehab Technology

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Complex Rehab Technology

Budget Unit: 90577C

HB Section: 11.685

1. CORE FINANCIAL SUMMARY

	FY 2021 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	3,907,484	7,446,261		11,353,745
TRF				
Total	3,907,484	7,446,261	0	11,353,745
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

	FY 2021 Governor's Recommendation			
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This core funds items classified within the Medicare program as durable medical equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional needs.

3. PROGRAM LISTING (list programs included in this core funding)

Complex Rehab Technology

CORE DECISION ITEM

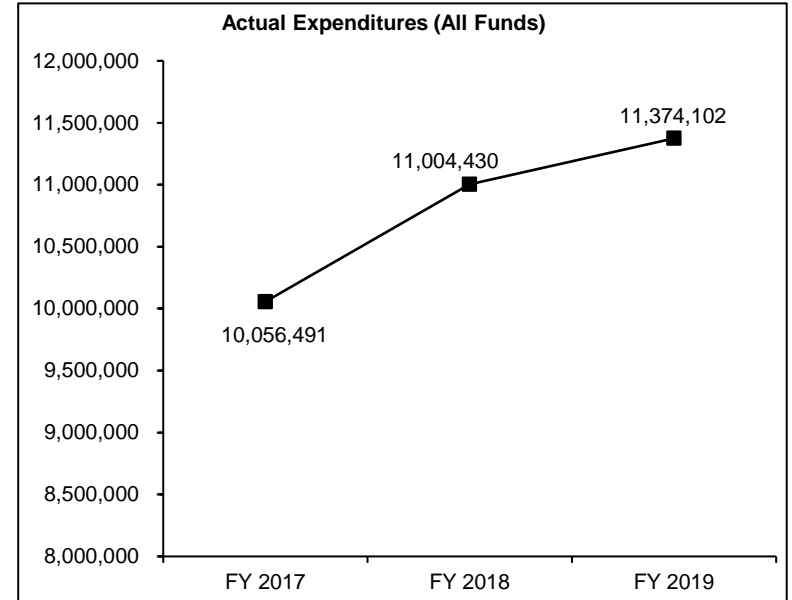
Department: Social Services
Division: MO HealthNet
Core: Complex Rehab Technology

Budget Unit: 90577C

HB Section: 11.685

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	11,666,969	11,654,537	11,699,644	11,479,413
Less Reverted (All Funds)	(125,352)	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	11,541,617	11,654,537	11,699,644	11,479,413
Actual Expenditures (All Funds)	10,056,491	11,004,430	11,374,102	N/A
Unexpended (All Funds)	1,485,126	650,107	325,542	N/A
Unexpended, by Fund:				
General Revenue	354,846	229,667	0	N/A
Federal	1,130,280	420,440	325,542	N/A
Other	0	0	0	N/A
		(1)	(2)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - \$171,634 GR and \$420,440 Fed was used as flex to cover other program expenditures.

(2) FY19 - \$292,645 GR and \$227,598 Fed was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES COMPLEX REHAB TECHN LGY PRDUCTS

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	3,948,793	7,530,620	0	11,479,413	
Total					0.00	3,948,793	7,530,620	0	11,479,413	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	580	8996	PD	0.00		0	(84,359)	0	(84,359)	Core Reduction due to estimated lapse.
Core Reduction	580	8995	PD	0.00		(41,309)	0	0	(41,309)	Core Reduction due to estimated lapse.
NET DEPARTMENT CHANGES					0.00	(41,309)	(84,359)	0	(125,668)	
DEPARTMENT CORE REQUEST										
			PD	0.00		3,907,484	7,446,261	0	11,353,745	
Total					0.00	3,907,484	7,446,261	0	11,353,745	
GOVERNOR'S RECOMMENDED CORE										
			PD	0.00		3,907,484	7,446,261	0	11,353,745	
Total					0.00	3,907,484	7,446,261	0	11,353,745	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
COMPLEX REHAB TECHNLOGY PRODUCTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	3,956,899	0.00	3,948,793	0.00	3,907,484	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	7,417,203	0.00	7,530,620	0.00	7,446,261	0.00	0	0.00
TOTAL - PD	11,374,102	0.00	11,479,413	0.00	11,353,745	0.00	0	0.00
TOTAL	11,374,102	0.00	11,479,413	0.00	11,353,745	0.00	0	0.00
Asset Limit CTC - 1886020								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	3,023	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	5,777	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	8,800	0.00	0	0.00
TOTAL	0	0.00	0	0.00	8,800	0.00	0	0.00
Asset Limit Phase-In - 1886021								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	1,505	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	2,877	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	4,382	0.00	0	0.00
TOTAL	0	0.00	0	0.00	4,382	0.00	0	0.00
GRAND TOTAL	\$11,374,102	0.00	\$11,479,413	0.00	\$11,366,927	0.00	\$0	0.00

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90577C BUDGET UNIT NAME: Complex Rehab Technology HOUSE BILL SECTION: 11.685	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; text-align: right;">Total</td> <td style="width: 15%; text-align: right;">% Flex</td> <td style="width: 15%; text-align: right;">Flex Amount</td> <td style="width: 55%;"></td> </tr> <tr> <td style="text-align: right;">\$11,366,927</td> <td style="text-align: right;">10%</td> <td style="text-align: right;">\$1,136,693</td> <td>Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.</td> </tr> </table>		Total	% Flex	Flex Amount		\$11,366,927	10%	\$1,136,693	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.
Total	% Flex	Flex Amount							
\$11,366,927	10%	\$1,136,693	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
\$520,243	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
Flex was used to cover shortfalls in SMHB and Clawback payments until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.								

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
COMPLEX REHAB TECHNLOGY PRDUCTS								
CORE								
PROGRAM DISTRIBUTIONS	11,374,102	0.00	11,479,413	0.00	11,353,745	0.00	0	0.00
TOTAL - PD	11,374,102	0.00	11,479,413	0.00	11,353,745	0.00	0	0.00
GRAND TOTAL	\$11,374,102	0.00	\$11,479,413	0.00	\$11,353,745	0.00	\$0	0.00
GENERAL REVENUE	\$3,956,899	0.00	\$3,948,793	0.00	\$3,907,484	0.00		0.00
FEDERAL FUNDS	\$7,417,203	0.00	\$7,530,620	0.00	\$7,446,261	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.685

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

1a. What strategic priority does this program address?

Provide therapeutic/adaptive equipment to keep participants in their homes

1b. What does this program do?

The Complex Rehab Technology program includes items classified within the Medicare program as durable medical equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional capacities for basic and instrumental activities of daily living to prevent hospitalization and/or institutionalization of a patient with complex needs. Such items must be identified as medically necessary and include, but are not limited to, complex rehabilitation power wheelchairs, highly configurable manual wheelchairs, adaptive seating and positioning seats, and other specialized equipment such as standing frames and gait trainers.

Rate History

07/01/19: ~1.5% rate increase on DME services.

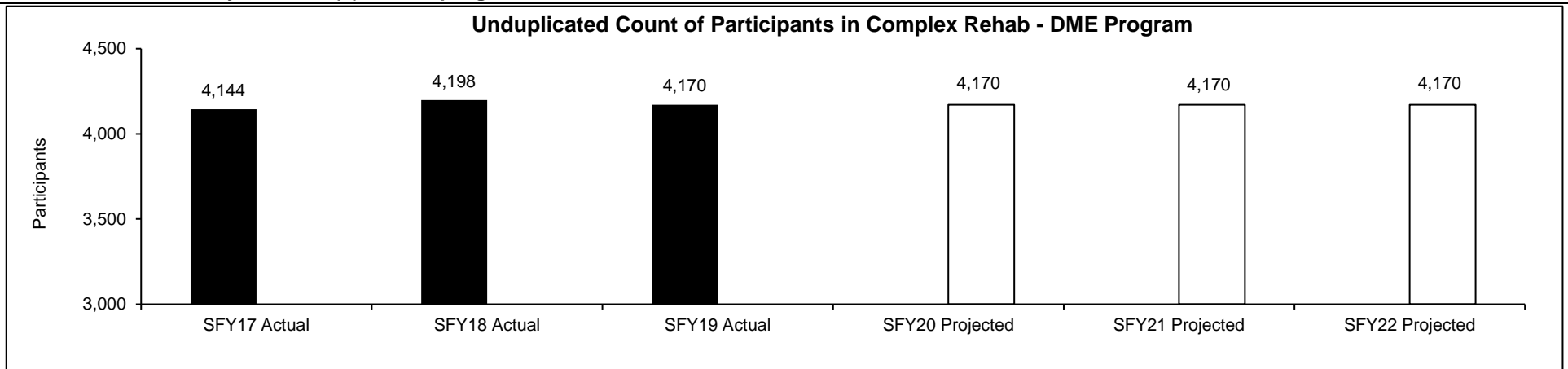
07/01/18: ~1.5% rate increase on DME services.

07/01/17: 3% rate decrease on complex rehab DME items with an established fee listed on the fee schedule. Manually priced wheelchairs and accessories remain at 90% of MSRP for manual and custom wheelchairs, and 95% for power wheelchairs at this time.

07/01/16: -2% rate increase on all DME services listed on the fee schedule.

01/01/16: 1 % rate increase on all DME services listed on the fee schedule (funded by the Tax Amnesty Fund).

2a. Provide an activity measure(s) for the program.



PROGRAM DESCRIPTION

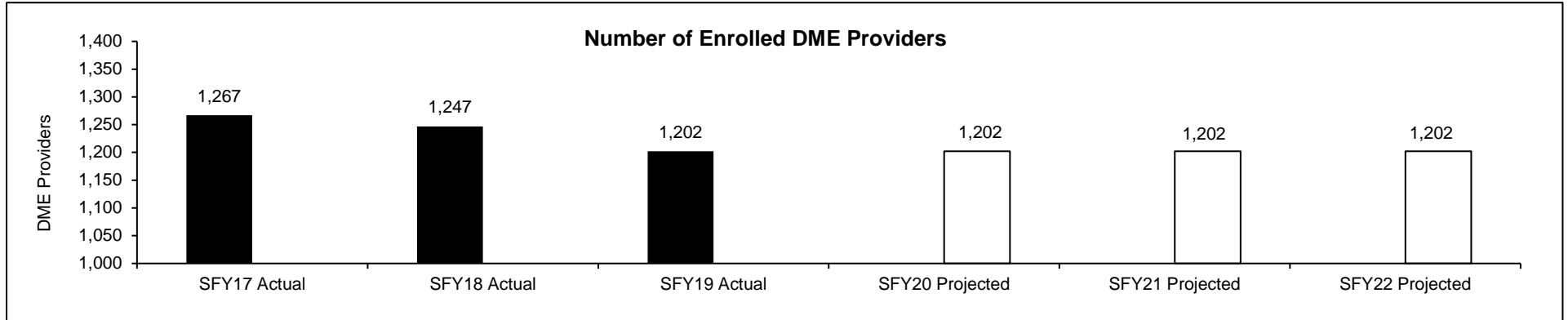
Department: Social Services

HB Section(s): 11.685

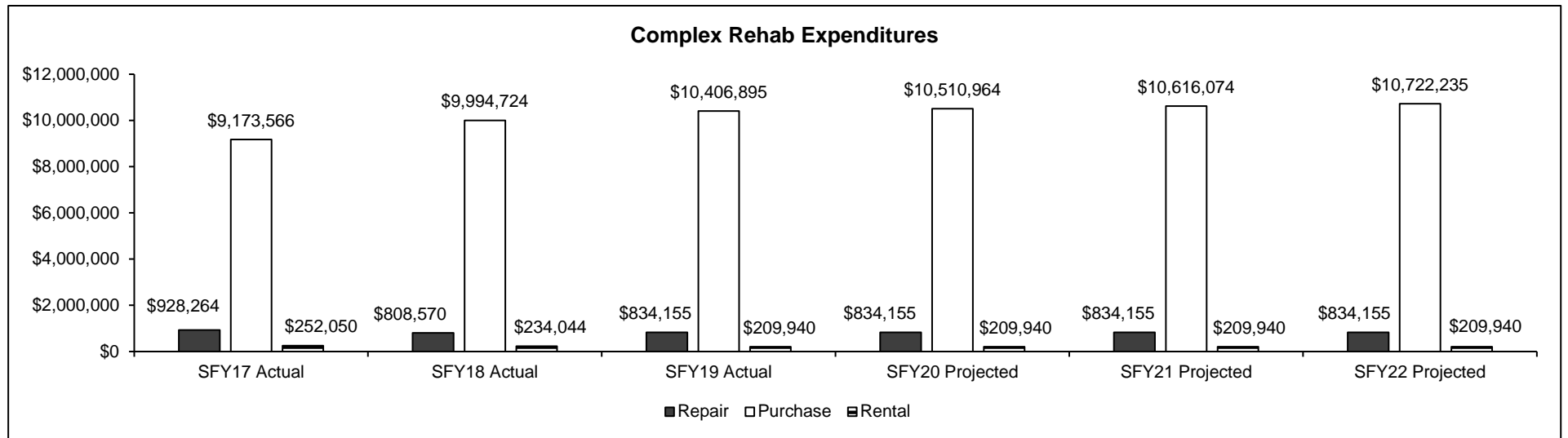
Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

2b. Provide a measure(s) of the program's quality.



2c. Provide a measure(s) of the program's impact.



With the implementation of the CURES Act, certain DME services' rates were lowered to the Medicare rate, effective 8/1/18. Includes Complex Rehab only; does not include regular DME services.

PROGRAM DESCRIPTION

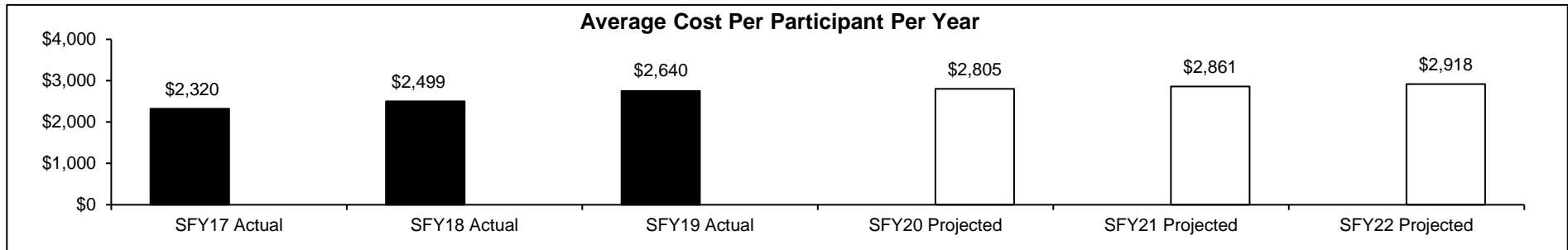
Department: Social Services

HB Section(s): 11.685

Program Name: Complex Rehab Technology

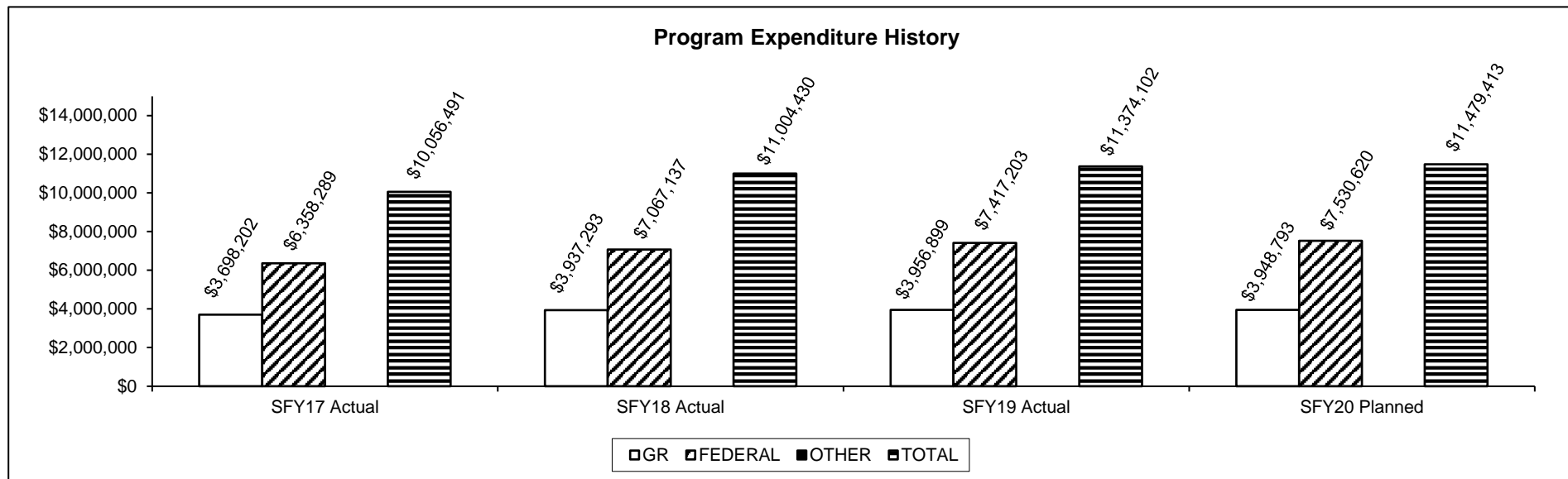
Program is found in the following core budget(s): Complex Rehab Technology

2d. Provide a measure(s) of the program's efficiency.



The projected increase in the average cost per participant per year is due to rate increases, the new face to face requirements, and point of sale changes.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.685

Program Name: Complex Rehab Technology

Program is found in the following core budget(s): Complex Rehab Technology

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo. Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o). Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults, but is mandatory for children.

Core - Managed Care

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Managed Care

Budget Unit: 90551C

HB Section: 11.690

1. CORE FINANCIAL SUMMARY

	FY 2021 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD	341,764,609	1,202,649,780	258,796,442	1,803,210,831
TRF				
Total	341,764,609	1,202,649,780	258,796,442	1,803,210,831
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
Health Initiatives Fund (HIF) (0275) - \$18,590,380
Federal Reimbursement Allowance Fund (FRA) (0142) - \$135,405,543
Life Sciences Research Trust Fund (0763) - \$27,790,024
Healthy Families Trust Fund (0625) - \$22,883,390
Ambulance Service Reimb Allowance Fund (0958) - \$1,702,257
Uncompensated Care Fund (0108) - \$33,848,436
Premium Fund (0885) - \$9,259,854
Intergovernmental Transfer Fund (0139) - \$9,316,558

	FY 2021 Governor's Recommendation			
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This funds the MO HealthNet Managed Care program to provide health care services to the MO HealthNet Managed Care population.

3. PROGRAM LISTING (list programs included in this core funding)

Managed Care

CORE DECISION ITEM

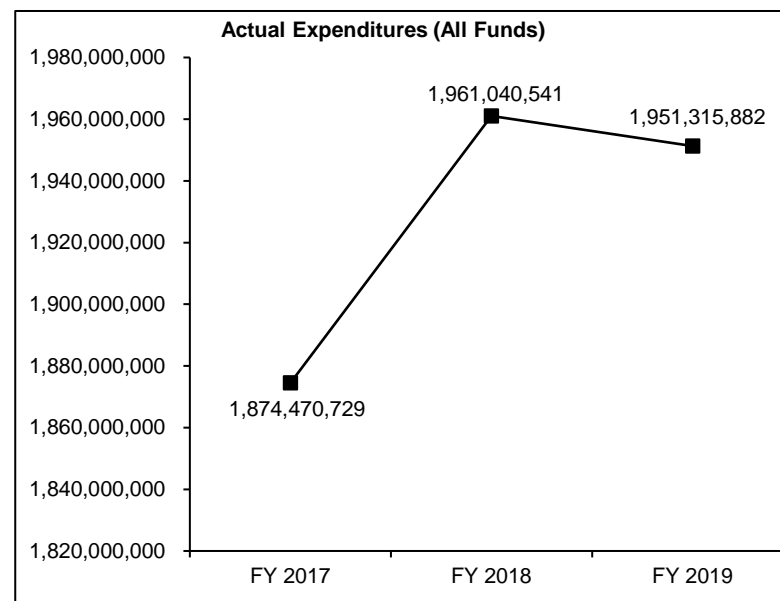
Department: Social Services
Division: MO HealthNet
Core: Managed Care

Budget Unit: 90551C

HB Section: 11.690

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	1,899,173,873	2,268,296,272	1,978,082,253	1,989,097,673
Less Reverted (All Funds)	0	(557,711)	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	1,899,173,873	2,267,738,561	1,978,082,253	1,989,097,673
Actual Expenditures (All Funds)	1,874,470,729	1,961,040,541	1,951,315,882	N/A
Unexpended (All Funds)	24,703,144	306,698,020	26,766,371	N/A
Unexpended, by Fund:				
General Revenue	7,103,647	35,317,448	500,001	N/A
Federal	17,594,497	210,817,633	21,663,066	N/A
Other	5,001	60,562,939	4,603,304	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY17 - The statewide managed care extension appropriations have been reallocated to the managed care section and are included in the total.

(2) FY18 - Unexpended funds include \$450,000 GR and \$809,093 Fed that were used as flex to pay for Medicare parity payments to primary care physicians out of the Physician fee-for-service line. The remaining portion (\$1,050,000 GR and \$1,002,756 Fed) was placed in agency reserve and lapsed. Lapse of \$33,817,448 GR due to release of expenditure restriction in FY18.

(3) FY19 - \$24,340,130 GR and \$49,281,428 was used as flex to cover other program expenditures. \$500,000 was held in Agency Reserve in the General Revenue fund (0101) in the Postpartum SUD Appropriation (4806). \$809,685 was held in Agency Reserve in the Federal Fund (0163) in the Postpartum SUD Appropriation (4807). \$95,664 was held in Agency Reserve in the FRA fund (0142) in the Postpartum SUD Appropriation (4912). \$3,500,484 was held in Agency Reserve in the Healthy Families Trust Fund (0625) due to a lack of fund balance. \$1,684,682 was held in Agency Reserve in the Life Sciences Research Trust Fund (0763) due to a lack of fund balance.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MANAGED CARE**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	407,406,956	1,322,894,275	258,796,442	1,989,097,673	
Total					0.00	407,406,956	1,322,894,275	258,796,442	1,989,097,673	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	583	1783	PD	0.00	(39,526,659)		0	0	(39,526,659)	Core Reduction due to an estimated lapse from a drop in caseload.
Core Reduction	583	1784	PD	0.00		0	(70,478,818)	0	(70,478,818)	Core Reduction due to an estimated lapse from a drop in caseload.
Core Reallocation	585	1783	PD	0.00	(25,809,000)		0	0	(25,809,000)	Core Reallocation from Managed Care to Physician to cover Physician portion of the Managed Care Negotiated Contract.
Core Reallocation	585	1784	PD	0.00		0	(49,191,000)	0	(49,191,000)	Core Reallocation from Managed Care to Physician to cover Physician portion of the Managed Care Negotiated Contract.
Core Reallocation	592	1784	PD	0.00		0	1,340,913	0	1,340,913	Core Reallocation from Medicare Parity Payments to Managed Care and Physician
Core Reallocation	592	4837	PD	0.00	(1,022,295)		0	0	(1,022,295)	Core Reallocation from Medicare Parity Payments to Managed Care and Physician
Core Reallocation	592	1783	PD	0.00		715,607	0	0	715,607	Core Reallocation from Medicare Parity Payments to Managed Care and Physician

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES MANAGED CARE

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	592	4838	PD		0.00	0	(1,915,590)	0	(1,915,590)	Core Reallocation from Medicare Parity Payments to Managed Care and Physician
NET DEPARTMENT CHANGES					0.00	(65,642,347)	(120,244,495)	0	(185,886,842)	
DEPARTMENT CORE REQUEST										
			PD		0.00	341,764,609	1,202,649,780	258,796,442	1,803,210,831	
			Total		0.00	341,764,609	1,202,649,780	258,796,442	1,803,210,831	
GOVERNOR'S RECOMMENDED CORE										
			PD		0.00	341,764,609	1,202,649,780	258,796,442	1,803,210,831	
			Total		0.00	341,764,609	1,202,649,780	258,796,442	1,803,210,831	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	348,782,481	0.00	407,406,956	0.00	341,764,609	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	1,272,761,348	0.00	1,304,144,275	0.00	1,183,899,780	0.00	0	0.00
CHIP INCREASED ENHANCEMENT	81,200,000	0.00	18,750,000	0.00	18,750,000	0.00	0	0.00
UNCOMPENSATED CARE FUND	33,848,436	0.00	33,848,436	0.00	33,848,436	0.00	0	0.00
INTERGOVERNMENTAL TRANSFER	7,059,929	0.00	9,316,558	0.00	9,316,558	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	135,309,879	0.00	135,405,543	0.00	135,405,543	0.00	0	0.00
HEALTH INITIATIVES	16,972,304	0.00	18,590,380	0.00	18,590,380	0.00	0	0.00
HEALTHY FAMILIES TRUST	19,382,906	0.00	22,883,390	0.00	22,883,390	0.00	0	0.00
LIFE SCIENCES RESEARCH TRUST	26,108,342	0.00	27,790,024	0.00	27,790,024	0.00	0	0.00
PREMIUM	8,188,000	0.00	9,259,854	0.00	9,259,854	0.00	0	0.00
AMBULANCE SERVICE REIMB ALLOW	1,702,257	0.00	1,702,257	0.00	1,702,257	0.00	0	0.00
TOTAL - PD	1,951,315,882	0.00	1,989,097,673	0.00	1,803,210,831	0.00	0	0.00
TOTAL	1,951,315,882	0.00	1,989,097,673	0.00	1,803,210,831	0.00	0	0.00
MC Actuarial Increase - 1886004								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	19,634,554	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	37,525,719	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	57,160,273	0.00	0	0.00
TOTAL	0	0.00	0	0.00	57,160,273	0.00	0	0.00
MC Health Insurer Fee - 1886005								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	20,196,379	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	38,599,484	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	58,795,863	0.00	0	0.00
TOTAL	0	0.00	0	0.00	58,795,863	0.00	0	0.00
GRAND TOTAL	\$1,951,315,882	0.00	\$1,989,097,673	0.00	\$1,919,166,967	0.00	\$0	0.00

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90551C BUDGET UNIT NAME: Managed Care HOUSE BILL SECTION: 11.690	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;">Total</td> <td style="text-align: right; width: 10%;">% Flex</td> <td style="text-align: right; width: 15%;">Flex Amount</td> <td style="width: 60%;"></td> </tr> <tr> <td style="text-align: right;">\$1,919,166,967</td> <td style="text-align: right;">0.25%</td> <td style="text-align: right;">\$4,797,917</td> <td>Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.</td> </tr> </table>		Total	% Flex	Flex Amount		\$1,919,166,967	0.25%	\$4,797,917	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.
Total	% Flex	Flex Amount							
\$1,919,166,967	0.25%	\$4,797,917	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
N/A	HB11 language allows up to .25% flexibility between 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.	.25% flexibility is being requested for FY21							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.								

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90551C BUDGET UNIT NAME: Managed Care HOUSE BILL SECTION: 11.690	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 15%;"> Total \$1,919,166,967 </td> <td style="text-align: center; width: 15%;"> % Flex 10% </td> <td style="text-align: center; width: 15%;"> Flex Amount \$191,916,697 </td> <td style="width: 55%;"> Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740. </td> </tr> </table>		Total \$1,919,166,967	% Flex 10%	Flex Amount \$191,916,697	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.
Total \$1,919,166,967	% Flex 10%	Flex Amount \$191,916,697	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
\$101,757,668	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Dental, SMHB, Hospital, Physician, and CHIP payments until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
CORE								
PROGRAM DISTRIBUTIONS	1,951,315,882	0.00	1,989,097,673	0.00	1,803,210,831	0.00	0	0.00
TOTAL - PD	1,951,315,882	0.00	1,989,097,673	0.00	1,803,210,831	0.00	0	0.00
GRAND TOTAL	\$1,951,315,882	0.00	\$1,989,097,673	0.00	\$1,803,210,831	0.00	\$0	0.00
GENERAL REVENUE	\$348,782,481	0.00	\$407,406,956	0.00	\$341,764,609	0.00		0.00
FEDERAL FUNDS	\$1,353,961,348	0.00	\$1,322,894,275	0.00	\$1,202,649,780	0.00		0.00
OTHER FUNDS	\$248,572,053	0.00	\$258,796,442	0.00	\$258,796,442	0.00		0.00

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.690

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

1a. What strategic priority does this program address?

Transform Medicaid to ensure healthy, safe, and productive lives

1b. What does this program do?

The MO HealthNet Division operates a Health Maintenance Organization (HMO) style managed care program in which the state of Missouri contracts with MO HealthNet Managed Care health plans (also referred to as Managed Care Organizations (MCOs)). The MO HealthNet Managed Care health plans provide health care services to enrollees and are paid a monthly capitation payment for each enrollee they serve. Federal Regulation 42 CFR 438-Managed Care and State Authority Section 208.166, RSMo, require capitation payments made on behalf of managed care participants to be actuarially sound. Therefore, MO HealthNet must maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. MO HealthNet Managed Care's objectives are to provide the means to ensure access, manage and coordinate benefits, and monitor quality of care and outcomes while controlling costs.

As of May 1, 2017, statewide participation in MO HealthNet Managed Care is mandatory for the following MO HealthNet eligibility groups:

- MO HealthNet for Families - Adults and Children
- MO HealthNet for Children
- Refugees
- MO HealthNet for Pregnant Women
- Children's Health Insurance Program (CHIP)
- Children in state care and custody
- Show Me Healthy Babies Program (SMHB)

Those participants who receive Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), meet the SSI medical disability definition, children in state care and custody, or children who receive adoption subsidy benefits may stay in MO HealthNet Managed Care or may choose to "opt out" and receive services on a fee-for-service basis instead.

In MO HealthNet Managed Care, enrollees receive the majority of their services through the managed care benefit. Examples of services included in the capitation payment paid to health plans are: hospital; physician; emergency medical services; Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services; family planning services; dental; optical; audiology; personal care; and behavioral health services. Services provided on a fee-for-service basis outside of the capitation payment include: pharmacy services; transplants; school-based therapy; Department of Health and Senior Services newborn screening services; certain behavioral health services, including ICF/ID; community psychiatric rehabilitation services; Comprehensive Substance Treatment and Rehabilitation (CSTAR) services; tobacco cessation; and behavioral health services for children in the care and custody of the state.

PROGRAM DESCRIPTION

Department: Department of Social Services

HB Section(s): 11.690

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

The MO HealthNet Managed Care program is subject to an approved CHIP State Plan Amendment and an approved federal 1915(b) waiver. An independent evaluation of the MO HealthNet Managed Care program is required by the Centers for Medicare and Medicaid Services (CMS) with respect to access to care and quality of services. At the end of the waiver period or at prescribed intervals within the waiver period, the state must demonstrate that their waiver cost projections and budget neutrality projections are reasonable and consistent with statute, regulation and guidance.

Along with quality assessment, monitoring MO HealthNet Managed Care health plan compliance with contractual requirements is a primary method to measure whether the goals of managed care are being met. Contractual compliance monitoring begins with the issuance of the Request for Proposal (RFP) and continues throughout the contract. Contract compliance is measured through a variety of methods. The MO HealthNet Division has a relationship with the Missouri Department of Insurance, Financial Institutions and Professional Registration to analyze MO HealthNet Managed Care health plan provider networks in accordance with 20 CSR 400-7.095 to ensure that the network is adequate to meet the needs of enrollees.

Managed Care quality is monitored, evaluated, and improved on a continuous basis through the following tools and processes:

- Healthcare Effectiveness Data Information Set (HEDIS) measures are tracked for each health plan and compared to statewide and national averages to assess Missouri's performance on key healthcare quality benchmarks.
- National Committee for Quality Assurance (NCQA) accreditation is required for each Managed Care plan.
- Performance Withhold Program encourages quality improvement by setting aside a portion of capitation payments made to health plans, which the health plans must earn back by meeting or exceeding performance targets.

Year	Actuarial Rate Increase
FY 2020	\$136,699,908
FY 2019	\$35,579,257
FY 2018	\$20,403,308
FY 2017	\$21,266,346
FY 2016	\$11,192,155
FY 2015	\$54,573,006

PROGRAM DESCRIPTION

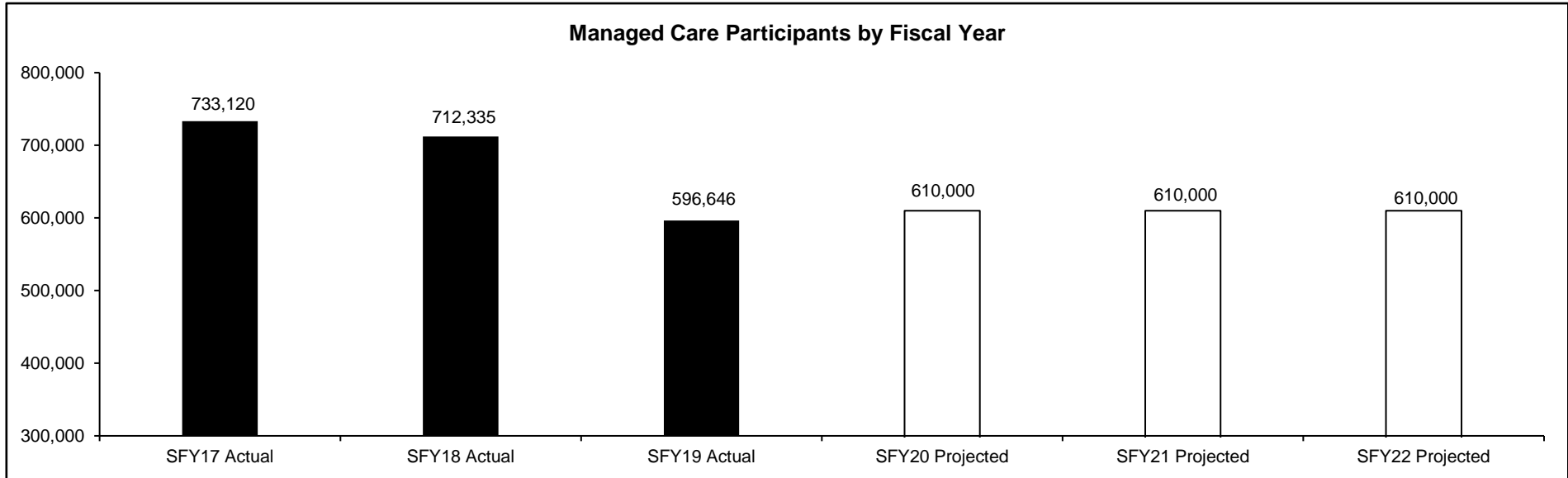
Department: Department of Social Services

HB Section(s): 11.690

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total managed care participants enrolled as of the close of FY 2019.

PROGRAM DESCRIPTION

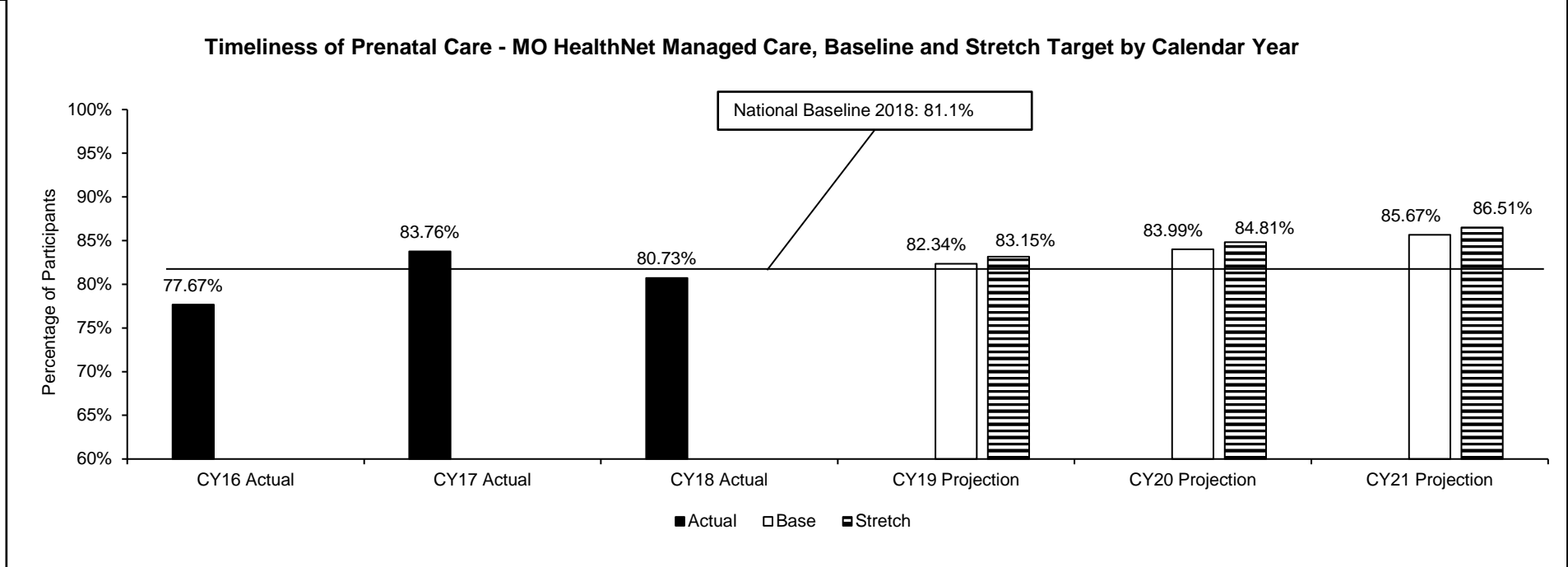
Department: Department of Social Services

HB Section(s): 11.690

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2b. Provide a measure(s) of the program's quality.



Note 1: Chart depicts the percentage of deliveries that received a prenatal care visit as a member in the first trimester. Preventive visits increase cost effectiveness through avoiding expensive health care costs. Prenatal care is important for preventing adverse birth outcomes, expensive hospitalizations, and costs associated with long-term disabilities.

Note 2: This is a HEDIS measure, which are standardized measures that allow for routine assessment and continual improvement in the quality of health care.

Note 3: Base is a 2% increase from the prior CY Actual. Stretch is a 3% increase from the prior CY Actual.

PROGRAM DESCRIPTION

Department: Department of Social Services

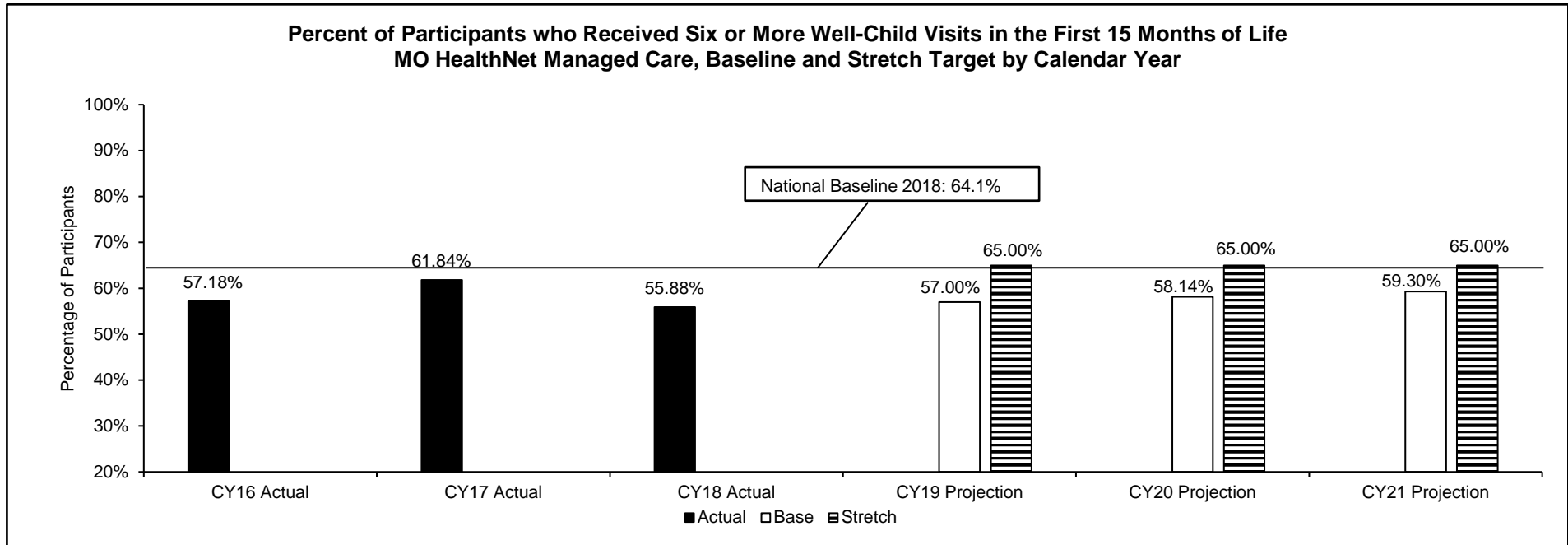
HB Section(s): 11.690

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2c. Provide a measure(s) of the program's impact.

Increase the percentage of participants who receive six or more well-child visits in the first 15 months of life.



Note 1: Chart depicts the percentage of participants who receive six or more well-child visits in the first 15 months of life.

Note 2: Base is a 2% increase from the prior CY Actual. Stretch is a 3% increase from the prior CY Actual.

PROGRAM DESCRIPTION

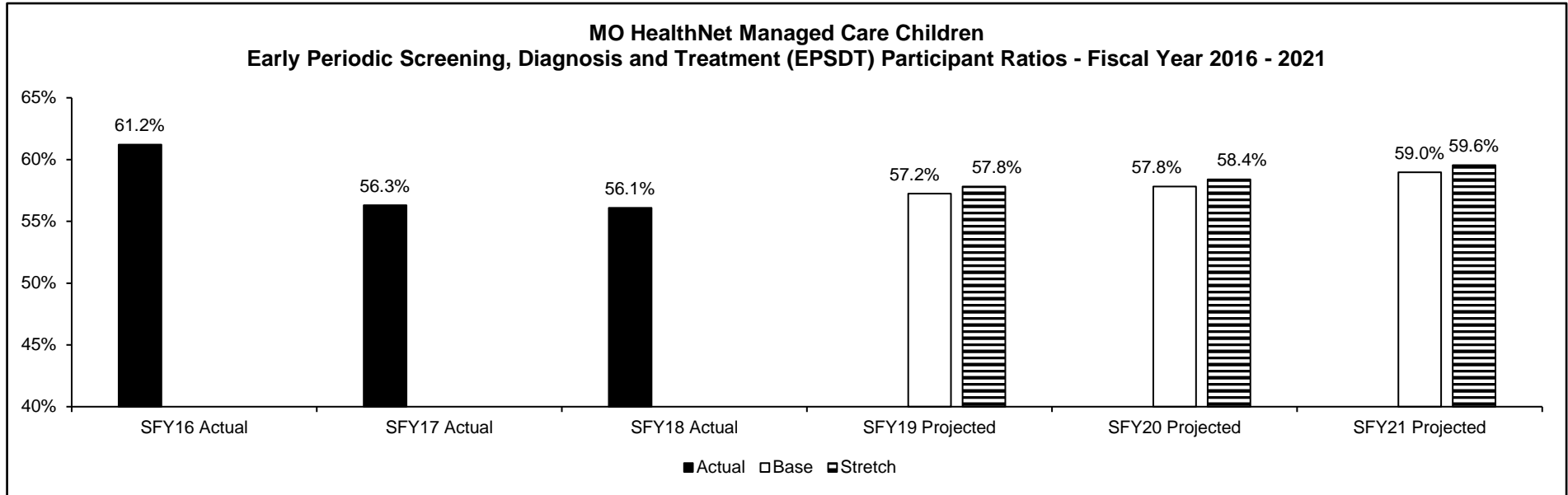
Department: Department of Social Services

HB Section(s): 11.690

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

2d. Provide a measure(s) of the program's efficiency.



Note 1: Chart depicts the ratio of participants that received at least one initial or periodic screening. Measure relates to eligible children and youth under the age of 21 years.

Note 2: Program measure provides early and periodic medical/dental screenings, diagnosis and treatment to keep children healthy and prevent illness or disability.

Note 3: Measure is part of the Performance Withhold Program due to it reducing costs associated with defects and chronic conditions. A portion of the capitated rate paid to the Managed Care health plans is withheld until the health plan achieves benchmarks set by the State.

Note 4: Base is a 1% increase of the numerator from the prior FY Actual. Stretch is a 2% increase of the numerator from the prior FY Actual.

Note 5: SFY19 data is not available until Fall 2019.

PROGRAM DESCRIPTION

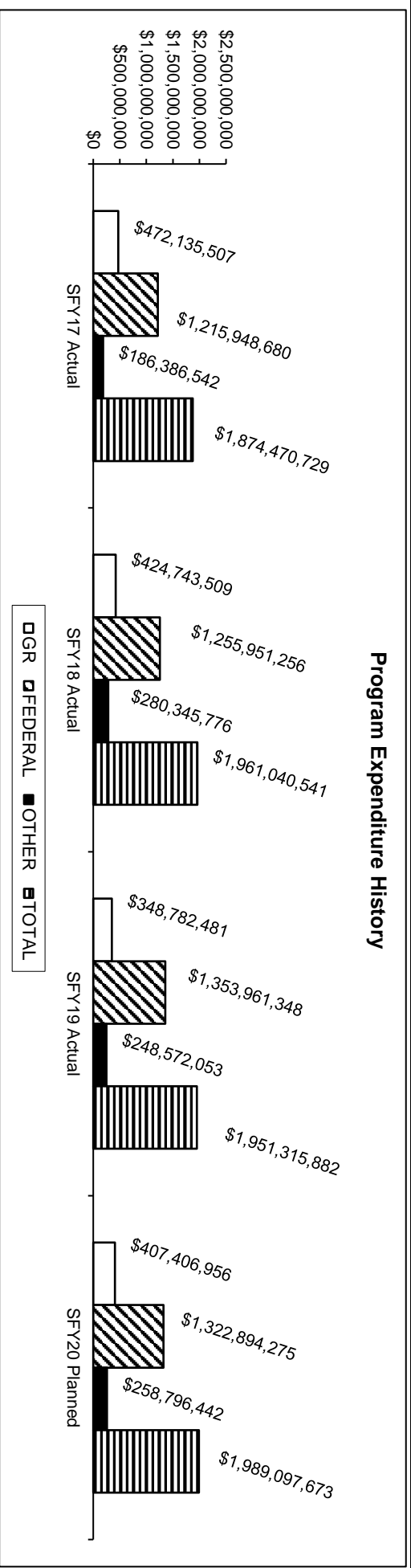
Department: Department of Social Services

Program Name: Managed Care

Program is found in the following core budget(s): Managed Care

HB Section(s): 11.690

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Federal Reimbursement Allowance Fund (0142), Mo HealthNet Managed Care Org Fund (0160), Health Initiatives Fund (0275), Healthy Families Trust (0625), Life Sciences Research Trust Fund (0763), Ambulance Service Reimbursement Fund (0958), Uncompensated Care (0108), Premium Fund (0885), Pharmacy Rebates (0114), and Pharmacy Reimbursement Allowance (0144).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.166, RSMo. Federal law: Social Security Act Sections 1902(a)(4), 1903(m), 1915(b), 1932. Federal Regulations: 42 CFR 438 and 412.106.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%. Missouri's state matching requirement for enhanced CHIP FMAP is around 24% and the federal match is around 76%.

7. Is this a federally mandated program? If yes, please explain.

MO HealthNet Managed Care covers most services available to fee-for-service participants. As such, both mandatory and non-mandatory services are included. Services not included in MO HealthNet Managed Care are available on a fee-for-service basis as specified in the FFS cores.

Core - Hospital Care

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Hospital Care

Budget Unit: 90552C

HB Section: 11.695

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE	200,000	415,000	215,000	830,000
PSD	34,466,398	359,997,681	186,408,941	580,873,020
TRF				
Total	34,666,398	360,412,681	186,623,941	581,703,020
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
Federal Reimbursement Allowance Fund (FRA) (0142) - \$146,242,788
Healthy Families Trust Fund (0625) - \$40,365,444
Pharmacy Reimbursement Allowance (0144) - \$15,709

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item provides funding to reimburse hospitals for services provided to fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Inpatient and Outpatient hospital services

CORE DECISION ITEM

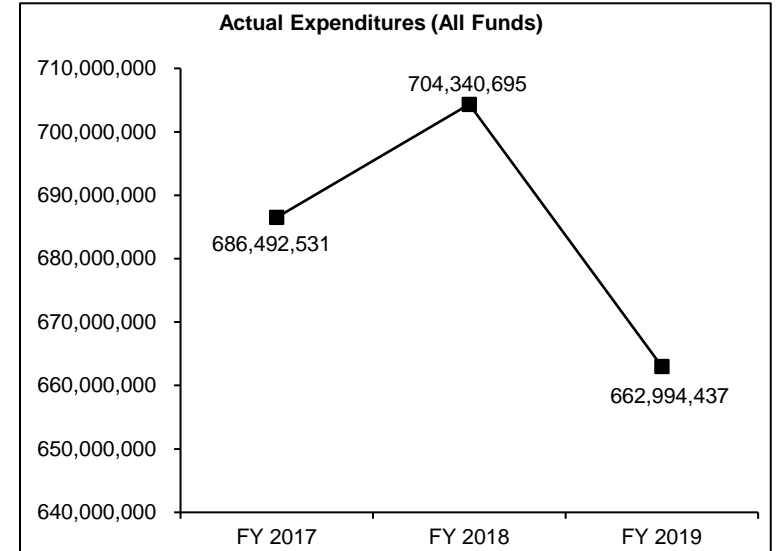
Department: Social Services
Division: MO HealthNet
Core: Hospital Care

Budget Unit: 90552C

HB Section: 11.695

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	692,301,231	706,111,353	663,066,333	581,703,020
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)*	(550,000)	0	0	N/A
Budget Authority (All Funds)	691,751,231	706,111,353	663,066,333	581,703,020
Actual Expenditures (All Funds)	686,492,531	704,340,695	662,994,437	N/A
Unexpended (All Funds)	5,258,700	1,770,658	71,896	N/A
Unexpended, by Fund:				
General Revenue	0	545,790	1	N/A
Federal	556,538	891,342	35,948	N/A
Other	4,702,162	333,527	35,947	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY17 - \$218,206,679 was paid from Managed Care.

(2) FY18 - \$16,654,732 GR and \$26,503,997 FED was transferred in to cover expenditures in FY18. \$100,000 GR for Pager Pilot and \$100,000 GR for Telemonitoring was released on the last day of FY18 and lapsed.

(3) FY19 - \$6,743,308 GR and \$8,431,975 Fed was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
HOSPITAL CARE**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES							
	EE	0.00	200,000	415,000	215,000	830,000	
	PD	0.00	34,466,398	359,997,681	186,408,941	580,873,020	
	Total	0.00	34,666,398	360,412,681	186,623,941	581,703,020	
<hr/>							
DEPARTMENT CORE REQUEST							
	EE	0.00	200,000	415,000	215,000	830,000	
	PD	0.00	34,466,398	359,997,681	186,408,941	580,873,020	
	Total	0.00	34,666,398	360,412,681	186,623,941	581,703,020	
<hr/>							
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	200,000	415,000	215,000	830,000	
	PD	0.00	34,466,398	359,997,681	186,408,941	580,873,020	
	Total	0.00	34,666,398	360,412,681	186,623,941	581,703,020	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
HOSPITAL CARE									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	200,000	0.00	200,000	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	179,053	0.00	415,000	0.00	415,000	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	179,053	0.00	215,000	0.00	215,000	0.00	0	0.00	
TOTAL - EE	358,106	0.00	830,000	0.00	830,000	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	49,062,344	0.00	34,466,398	0.00	34,466,398	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	427,870,205	0.00	359,997,681	0.00	359,997,681	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	145,322,629	0.00	146,027,788	0.00	146,027,788	0.00	0	0.00	
PHARMACY REIMBURSEMENT ALLOWAN	15,709	0.00	15,709	0.00	15,709	0.00	0	0.00	
HEALTHY FAMILIES TRUST	40,365,444	0.00	40,365,444	0.00	40,365,444	0.00	0	0.00	
TOTAL - PD	662,636,331	0.00	580,873,020	0.00	580,873,020	0.00	0	0.00	
TOTAL	662,994,437	0.00	581,703,020	0.00	581,703,020	0.00	0	0.00	
MHD CTC - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	18,081,179	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	85,035,604	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	103,116,783	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	103,116,783	0.00	0	0.00	
Asset Limit CTC - 1886020									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	559,016	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,643,686	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	301,009	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	2,503,711	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	2,503,711	0.00	0	0.00	
Asset Limit Phase-In - 1886021									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	278,339	0.00	0	0.00	

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
Asset Limit Phase-In - 1886021								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	818,405	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	149,875	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,246,619	0.00	0	0.00
TOTAL	0	0.00	0	0.00	1,246,619	0.00	0	0.00
GRAND TOTAL	\$662,994,437	0.00	\$581,703,020	0.00	\$688,570,133	0.00	\$0	0.00

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90552C BUDGET UNIT NAME: Hospital Care HOUSE BILL SECTION: 11.695	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 20%;"> Total \$688,570,133 </td> <td style="text-align: right; width: 10%;"> % Flex 0.25% </td> <td style="text-align: right; width: 20%;"> Flex Amount \$1,721,425 </td> <td style="width: 50%;"> Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695. </td> </tr> </table>		Total \$688,570,133	% Flex 0.25%	Flex Amount \$1,721,425	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.
Total \$688,570,133	% Flex 0.25%	Flex Amount \$1,721,425	Not more than one quarter of one percent (.25%) flexibility is requested between sections 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
N/A	HB11 language allows up to .25% flexibility between 11.600, 11.615, 11.630, 11.645, 11.660, 11.675, 11.690, and 11.695.	.25% flexibility is being requested for FY21			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
N/A	Flex is to be used to pay for contracted expenditures through the Administration and Information System program lines.				

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90552C BUDGET UNIT NAME: Hospital Care HOUSE BILL SECTION: 11.695	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; text-align: right;">Total</td> <td style="width: 15%; text-align: right;">% Flex</td> <td style="width: 15%; text-align: right;">Flex Amount</td> <td style="width: 55%;"></td> </tr> <tr> <td style="text-align: right;">\$688,570,133</td> <td style="text-align: right;">10%</td> <td style="text-align: right;">\$68,857,013</td> <td>Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.</td> </tr> </table>		Total	% Flex	Flex Amount		\$688,570,133	10%	\$68,857,013	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.
Total	% Flex	Flex Amount							
\$688,570,133	10%	\$68,857,013	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
\$24,601,851	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
Flex was used to cover shortfalls in SMHB, Premium, Nursing Facility, and Managed Care payments until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.								

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
CORE								
PROFESSIONAL SERVICES	358,106	0.00	830,000	0.00	830,000	0.00	0	0.00
TOTAL - EE	358,106	0.00	830,000	0.00	830,000	0.00	0	0.00
PROGRAM DISTRIBUTIONS	662,636,331	0.00	580,873,020	0.00	580,873,020	0.00	0	0.00
TOTAL - PD	662,636,331	0.00	580,873,020	0.00	580,873,020	0.00	0	0.00
GRAND TOTAL	\$662,994,437	0.00	\$581,703,020	0.00	\$581,703,020	0.00	\$0	0.00
GENERAL REVENUE	\$49,062,344	0.00	\$34,666,398	0.00	\$34,666,398	0.00		0.00
FEDERAL FUNDS	\$428,049,258	0.00	\$360,412,681	0.00	\$360,412,681	0.00		0.00
OTHER FUNDS	\$185,882,835	0.00	\$186,623,941	0.00	\$186,623,941	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.695

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

1a. What strategic priority does this program address?

Provide accessible, quality hospital care and ensure appropriate utilization

1b. What does this program do?

The MO HealthNet Division (MHD) reimburses for inpatient and outpatient hospital services for fee-for-service participants. These services are mandatory Medicaid-covered services and are provided statewide. Inpatient hospital services are medical services provided in a hospital acute or psychiatric care setting for the care and treatment of MO HealthNet participants. Outpatient hospital services include preventive, diagnostic, emergency, therapeutic, rehabilitative, or palliative services provided in an outpatient setting.

A full list of Missouri's 163 hospitals can be found on the Department of Health and Senior Services website at:
<https://health.mo.gov/safety/healthservregs/directories.php>.

Reimbursement Methodology

Inpatient Services

Reimbursement for inpatient hospital stays, also known as a “per diem rate,” is determined by a prospective reimbursement plan. The Missouri state plan provides for an inpatient hospital reimbursement rate based on the 1995 cost report. Total reimbursement is calculated based upon an individual participant's inpatient length of stay. To determine an inpatient length of stay, MO HealthNet calculates the lesser of:

- The number of days certified as medically necessary by MHD's authorized utilization review agent
- The number of days billed by the provider for the participant's length of stay
- The number of days allowed for any diagnosis not subject to review and certification by the utilization review agent. (Such diagnoses can be found on MHD's website at: <http://dss.mo.gov/mhd/providers/pdf/exempt-diagnosis-table.pdf>)

A hospital is eligible for an inpatient rate reconsideration to increase their per diem rate if it meets prescribed requirements concerning new or expanded inpatient services.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.695

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

Outpatient Services

Outpatient services, excluding certain diagnostic laboratory procedures, radiology procedures, surgical procedures and drugs are paid on a prospective outpatient reimbursement methodology.

- The prospective outpatient payment percentage is calculated using the MO HealthNet overall outpatient cost-to-charge ratio from the fourth, fifth, and sixth prior year cost reports regressed to the current state fiscal year
- The prospective outpatient payment percentage cannot exceed 100% and cannot be less than 20%
- New MO HealthNet providers that do not have fourth, fifth, and sixth prior year cost reports are set at 75% for the first three fiscal years in which the hospital operates and will have a cost settlement calculated for these three years
- The weighted average prospective outpatient rate for out-of-state hospitals is 27% for FY 2020

Hospitals may also receive reimbursement using funding from the Federal Reimbursement Allowance (FRA) program. The FRA program is a funding source for, but not limited to, inpatient and outpatient services. For a more detailed description of the FRA program, see the FRA program description.

Cost Containment Initiatives

MHD is changing the reimbursement methodology for Outpatient Hospitals services.

- Outpatient Radiology: Effective 01/01/2019, the reimbursement for Outpatient Radiology changed from 125% of Medicare rates to 90% of the 2018 Medicare rate
- Outpatient Surgeries: Effective 01/01/2019, certain Outpatient Surgeries will be paid from a fee schedule. A list of the surgical procedures paid from a fee schedule can be found at: <https://dss.mo.gov/mhd/providers/files/outpatient-hospital-surgical-procedure-fee-schedule.pdf>
- Outpatient Hospital Drug Reimbursement: MHD is reimbursing hospitals using the National Average Drug Acquisition Cost (NADAC) for drug reimbursement effective 04/01/2019

PROGRAM DESCRIPTION

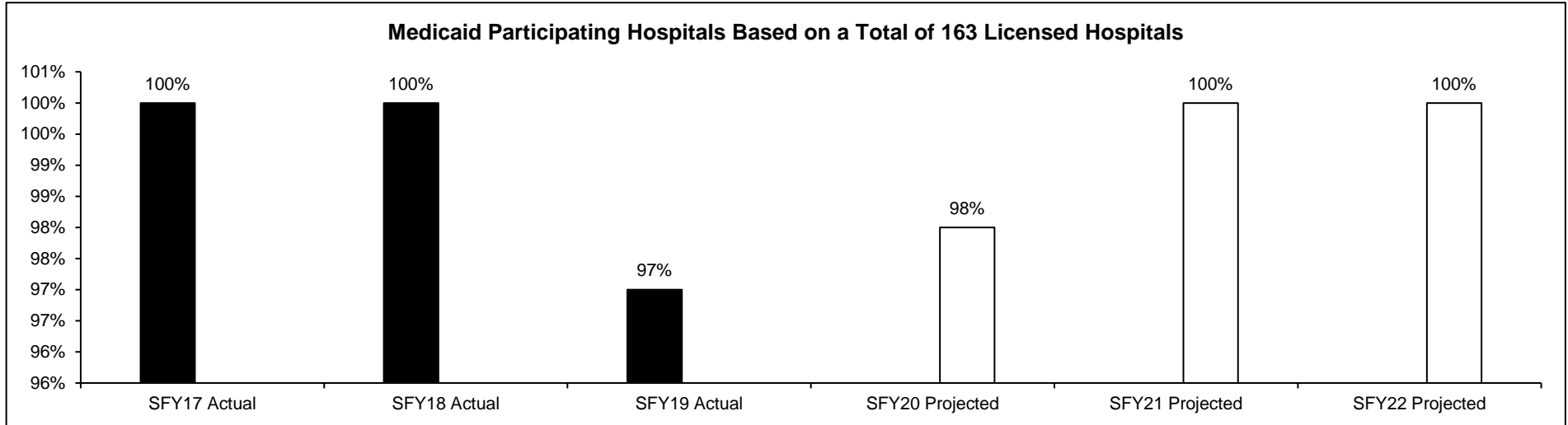
Department: Social Services

HB Section(s): 11.695

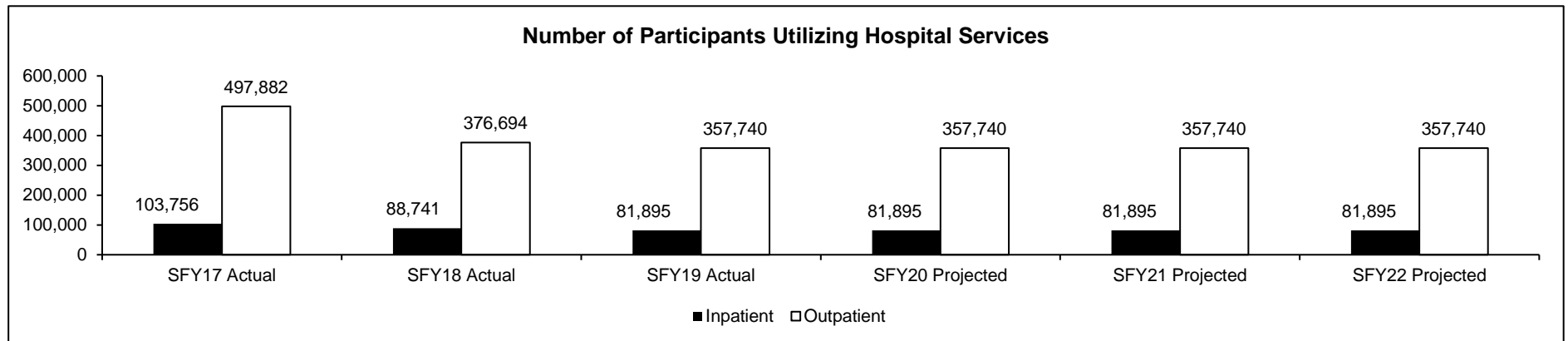
Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2a. Provide an activity measure(s) for the program.



Note: The number of licensed hospitals includes separate licensing for hospitals with multiple sites. The 3% Non-Medicaid hospitals are hospitals who are licensed, but not enrolled in Medicaid yet.



PROGRAM DESCRIPTION

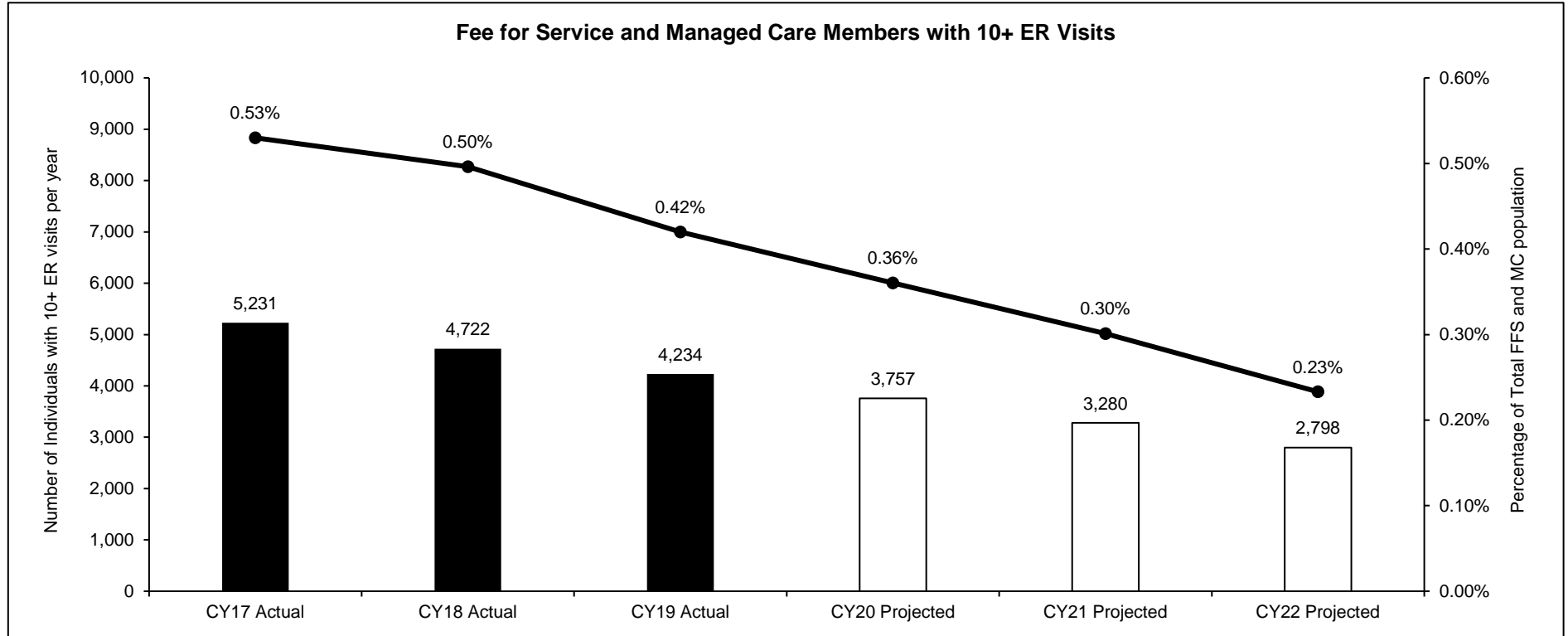
Department: Social Services

HB Section(s): 11.695

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2b. Provide a measure(s) of the program's quality.



PROGRAM DESCRIPTION

Department: Social Services

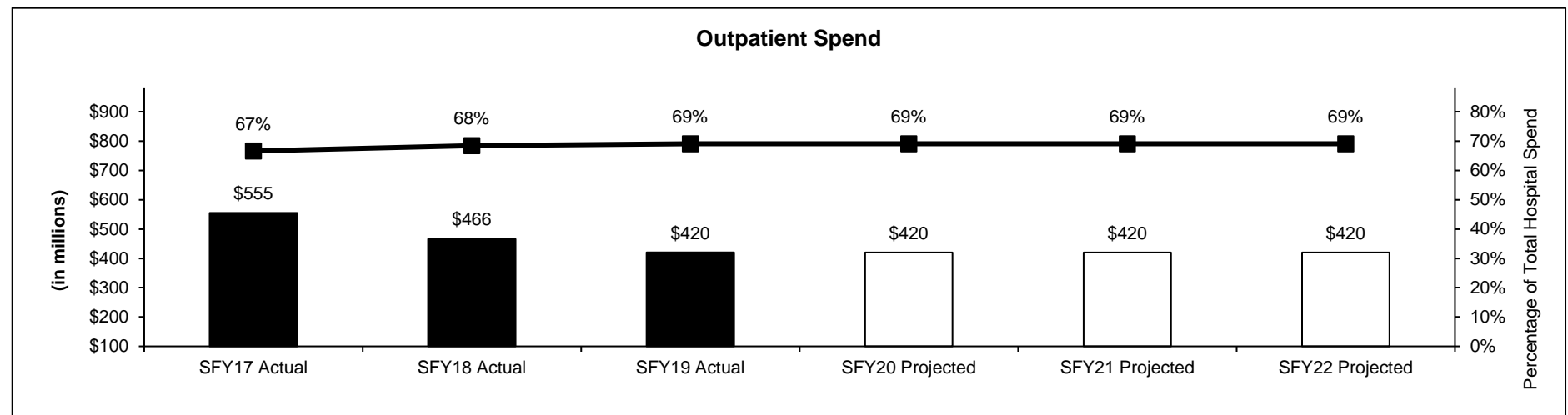
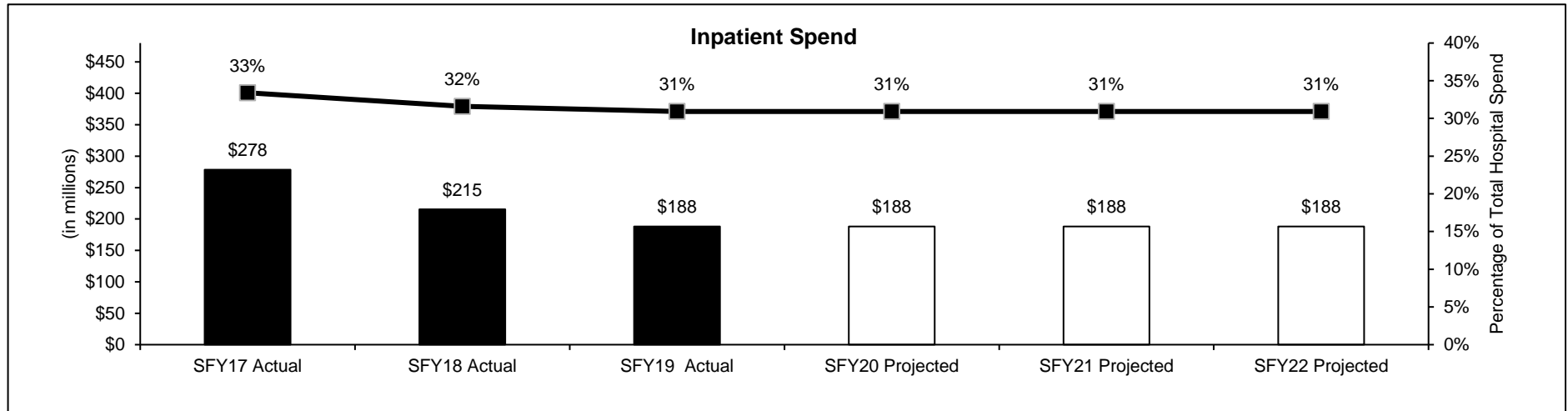
HB Section(s): 11.695

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

2c. Provide a measure(s) of the program's impact.

In SFY 2019, the hospital program comprises 12.56% of the total Medicaid program dollars. Approximately 31% of hospital expenditures were for inpatient services and 69% were for outpatient services.



PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.695

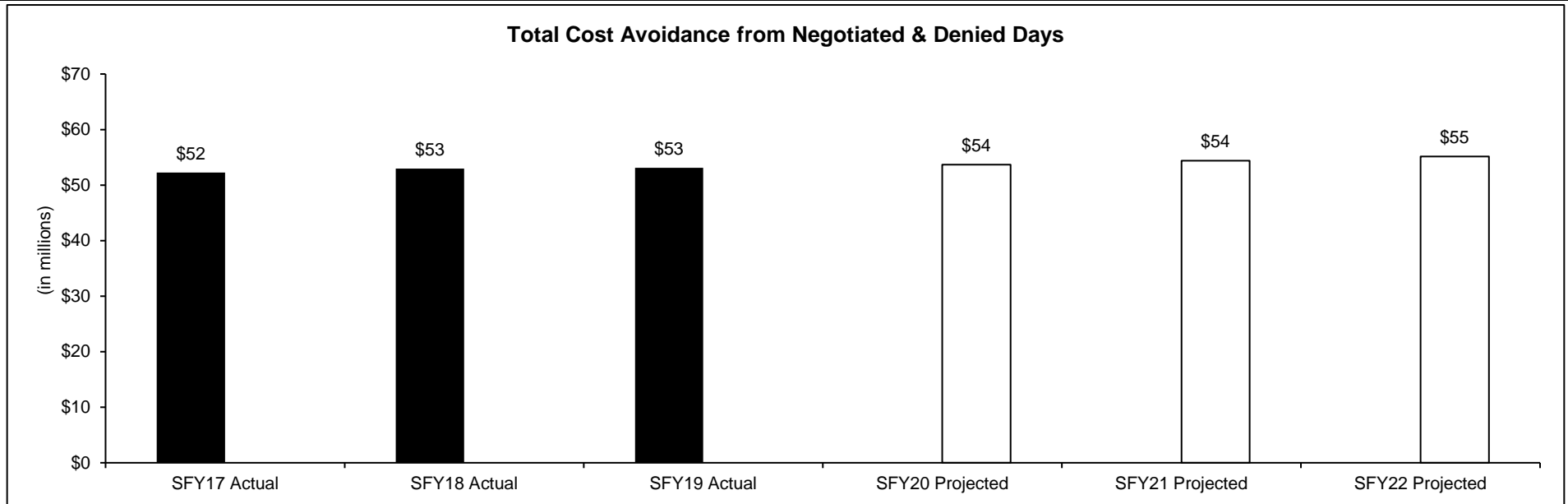
Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

MHD is currently reviewing hospital reimbursement methodologies therefore projections are static.

Target: Improve outpatient reimbursement payment policies and priorities by aligning outpatient reimbursement methodology with other payers by adopting a simplified fee schedule. Eighteen state Medicaid programs currently pay based on a simplified fee schedule. Twenty one state Medicaid programs have adopted or plan to adopt the Medicare Ambulatory Payment Classification (APC) or Enhanced Ambulatory Patient Grouping System (EAPG) outpatient reimbursement methodologies. Only twelve states rely primarily on cost reimbursement (interim rate or percent of charges).

2d. Provide a measure(s) of the program's efficiency.



Note: The number of inpatient days are negotiated or denied based on clinical review.

Target: Increase cost avoidance by continuing to avoid unnecessary inpatient admissions or lengths of stay.

PROGRAM DESCRIPTION

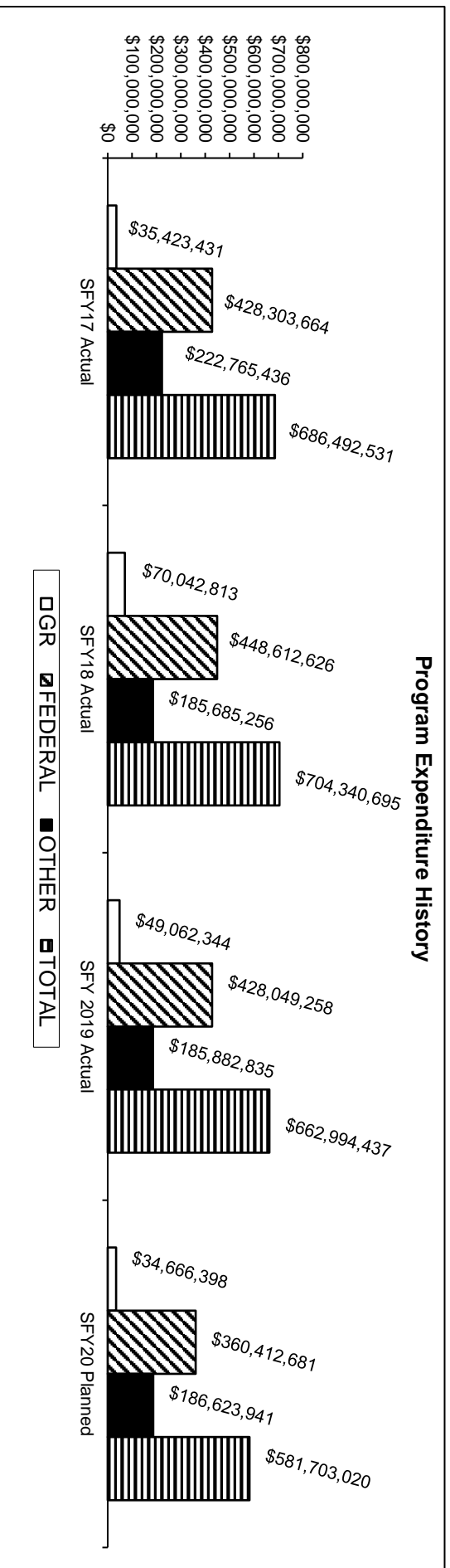
Department: Social Services

Program Name: Hospital Care

Program is found in the following core budget(s): Hospital Care

HB Section(s): 11.695

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142), Healthy Families Trust Fund (0625), and Pharmacy Reimbursement Allowance Fund (0144)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo;

Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f);

Federal regulations: 42 CFR 440.10 and 440.20

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program.

Core - Physician
Payments For Safety
Net **Hospitals**

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Physician Payments for Safety Net Hospitals

Budget Unit: 90558C

HB Section: 11.700

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD		15,722,792		15,722,792
TRF				
Total	0	15,722,792	0	15,722,792
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

Safety net hospitals are critical providers of care to the Medicaid and uninsured populations, and must be able to attract and maintain a sufficient supply of qualified physicians in order to provide quality services. This item funds enhanced physician payments to Truman Medical Center and University of Missouri-Kansas City.

3. PROGRAM LISTING (list programs included in this core funding)

Physician Payments for Safety Net

CORE DECISION ITEM

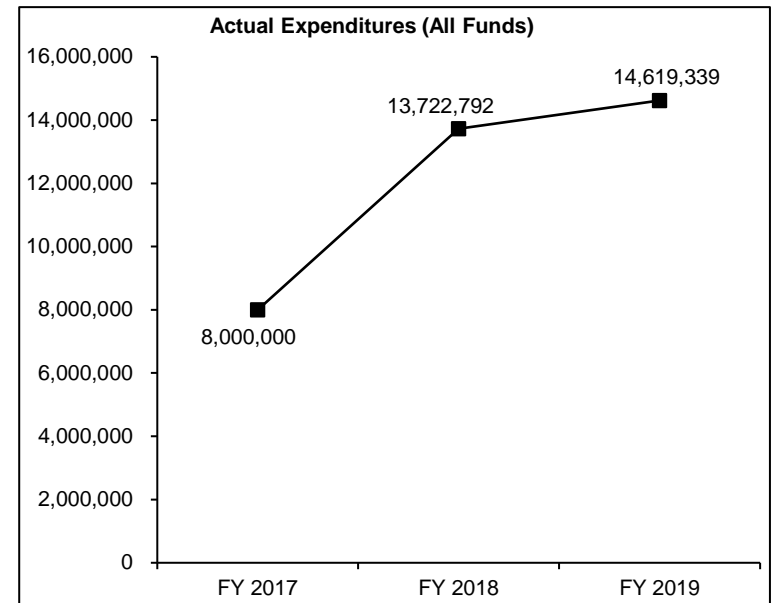
Department: Social Services
Division: MO HealthNet
Core: Physician Payments for Safety Net Hospitals

Budget Unit: 90558C

HB Section: 11.700

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	8,000,000	13,722,792	15,722,792	15,722,792
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	8,000,000	13,722,792	15,722,792	15,722,792
Actual Expenditures (All Funds)	8,000,000	13,722,792	14,619,339	N/A
Unexpended (All Funds)	0	0	1,103,453	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	1,103,453	N/A
Other	0	0	0	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHYSICIAN PAYMENTS SAFETY NET**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	15,722,792	0	15,722,792	
	Total	0.00	0	15,722,792	0	15,722,792	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	15,722,792	0	15,722,792	
	Total	0.00	0	15,722,792	0	15,722,792	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	15,722,792	0	15,722,792	
	Total	0.00	0	15,722,792	0	15,722,792	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN PAYMENTS SAFETY NET								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	14,619,339	0.00	15,722,792	0.00	15,722,792	0.00	0	0.00
TOTAL - PD	14,619,339	0.00	15,722,792	0.00	15,722,792	0.00	0	0.00
TOTAL	14,619,339	0.00	15,722,792	0.00	15,722,792	0.00	0	0.00
Physician Safety Net FFS CTC - 1886030								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	393,900	0.00	0	0.00
INTERGOVERNMENTAL TRANSFER	0	0.00	0	0.00	206,100	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	600,000	0.00	0	0.00
TOTAL	0	0.00	0	0.00	600,000	0.00	0	0.00
GRAND TOTAL	\$14,619,339	0.00	\$15,722,792	0.00	\$16,322,792	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN PAYMENTS SAFETY NET								
CORE								
PROGRAM DISTRIBUTIONS	14,619,339	0.00	15,722,792	0.00	15,722,792	0.00	0	0.00
TOTAL - PD	14,619,339	0.00	15,722,792	0.00	15,722,792	0.00	0	0.00
GRAND TOTAL	\$14,619,339	0.00	\$15,722,792	0.00	\$15,722,792	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$14,619,339	0.00	\$15,722,792	0.00	\$15,722,792	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Physician Payments for Safety Net Hospitals

Program is found in the following core budget(s): Physician Payments for Safety Net Hospitals

1a. What strategic priority does this program address?

Attract and maintain quality physicians

1b. What does this program do?

This program provides enhanced physician reimbursement payments for services provided to MO HealthNet participants by certain hospitals designated as safety net hospitals. Services provided by physicians, dentists, podiatrists, nurse practitioners, physician assistants, nurse midwives, optometrists, audiologists, psychologists, and certified registered nurse anesthetists/anesthesiologist assistants not employed by the state who are actively engaged in the training of physicians when the training takes place in a safety net hospital are also eligible for enhanced physician payments. There are two entities that currently qualify as safety net hospitals--1) Truman Medical Center and 2) University of Missouri Kansas City. This program was established in July 2001 to provide a mechanism to fund enhanced payments to these safety net hospitals who traditionally see a high volume of Medicaid and uninsured patients.

Reimbursement Methodology

Enhanced physician payments are made in addition to the amount established under the MO HealthNet fee schedule. The additional payment is equal to the lower of the difference between the MO HealthNet allowable reimbursement for the service and 1) the Medicare allowable reimbursement or 2) the provider's actual charge for the service. In addition to the reimbursement methodology above, Truman Medical Center also receives an enhanced payment equal to the difference between the Medicaid allowable reimbursement for the service and the Medicare equivalent of the average commercial rate of the top three commercial payers for the service.

Additional Details

To qualify as a safety net hospital, entities must meet the following requirements as specified in 13 CSR 70-15.010(6)(B):

- Offer non-emergency obstetric services; and
- Have a Medicaid inpatient utilization rate above the state's mean or a low-income utilization rate greater than 25%; and
- Operate less than 50 licensed inpatient beds and have an unsponsored care ratio of at least 65%; or
- Operate at least 50 licensed inpatient beds, have an unsponsored care ratio of at least 65%, and an occupancy rate greater than 40%; or
- Be owned or operated by the University of Missouri Board of Curators; or
- Be a public hospital operated by Department of Mental Health.

This program is exempt from performance measures as it is payments to safety net hospitals.

PROGRAM DESCRIPTION

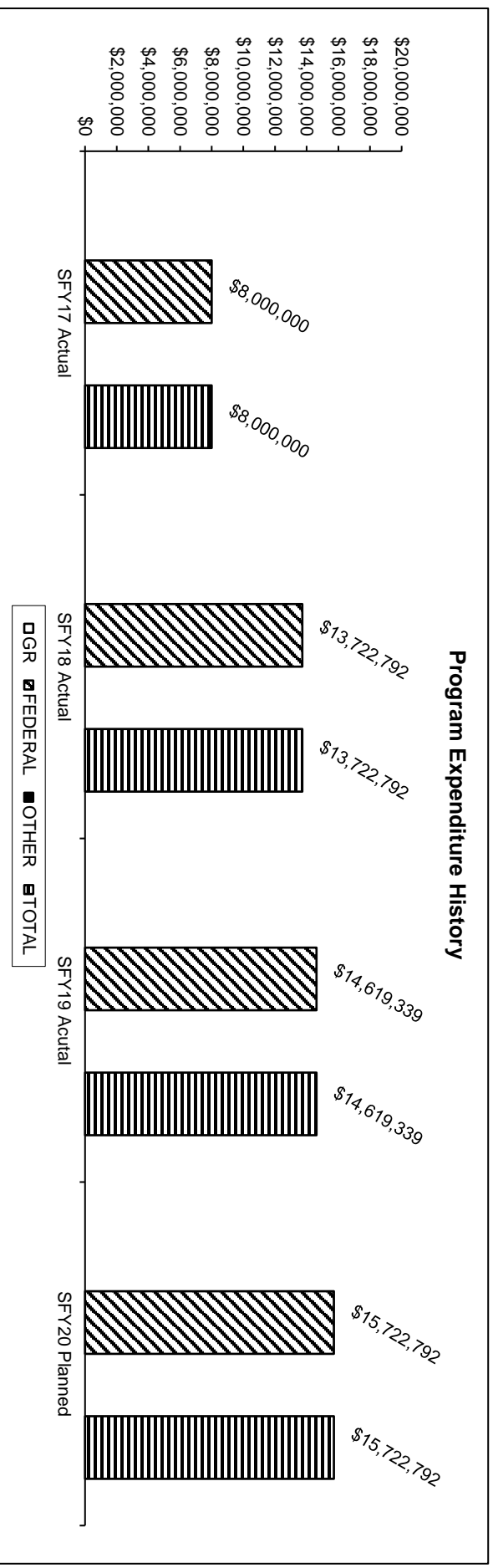
Department: Social Services

HB Section(s): 11.700

Program Name: Physician Payments for Safety Net Hospitals

Program is found in the following core budget(s): Physician Payments for Safety Net Hospitals

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f). Federal regulations: 42 CFR 440.10 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.
No.

**NDI - Physician
Payments Safety Net
Fee for Service
Cost to Continue**

NEW DECISION ITEM
RANK: 11 OF 36

Department: Social Services

Division: MO HealthNet

DI Name: Physician Payments Safety Net FFS Authority CTC

Budget Unit: 90558C

DI# 1886030

HB Section: 11.700

1. AMOUNT OF REQUEST

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD		393,900	206,100	600,000
TRF				
Total	0	393,900	206,100	600,000
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Intergovernmental Transfer Fund (0139)

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input checked="" type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funding is requested to reimburse Truman Medical Centers for previous years' supplemental physician payments related to a delay in Federal approval of the State Plan authorized in House Bill No. 2011 by the 99th General Assembly. This authority allows the MO HealthNet Division to claim enhanced rates, up to the commercial rates for physicians and other professionals employed by, or affiliated with Truman Medical Centers.

NEW DECISION ITEM
RANK: 11 OF 36

Department: Social Services

Budget Unit: 90558C

Division: MO HealthNet

DI Name: Physician Payments Safety Net FFS Authority CTC

DI# 1886030

HB Section: 11.700

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

This authority will allow the MO HealthNet Division to claim enhanced rates up to the commercial rates for physicians and other professionals employed by, or affiliated with Truman Medical Centers. The Department of Social Services recognizes that safety net hospitals are critical providers of care to the Medicaid and uninsured populations and must be able to attract and maintain a sufficient supply of qualified physicians in order to maintain and enhance the quality of care provided.

The estimated Physician payment for State Fiscal Year 2020 is \$600,000.

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	0		393,900		206,100		600,000		0
Grand Total	0	0.0	393,900	0.0	206,100	0.0	600,000	0.0	0

NEW DECISION ITEM
RANK: 11 OF 36

Department: Social Services

Budget Unit: 90558C

Division: MO HealthNet

DI Name: Physician Payments Safety Net FFS Authority CTC

DI# 1886030

HB Section: 11.700

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

This program is exempt from performance measures as it is payments to safety net hospitals.

6b. Provide a measure of the program's quality.

This program is exempt from performance measures as it is payments to safety net hospitals.

6c. Provide a measure of the program's impact.

This program is exempt from performance measures as it is payments to safety net hospitals.

6d. Provide a measure of the program's efficiency

This program is exempt from performance measures as it is payments to safety net hospitals.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN PAYMENTS SAFETY NET								
Physician Safety Net FFS CTC - 1886030								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	600,000	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	600,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$600,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$393,900	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$206,100	0.00		0.00

**Core - Federally
Qualified Health Centers
(FQHC)**

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Federally Qualified Health Centers (FQHC)

Budget Unit: 90559C, 90513C, 90595C

HB Section: 11.705 / 11.706

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE	529,796	568,625		1,098,421
PSD	3,739,072	5,163,395		8,902,467
TRF				
Total	4,268,868	5,732,020	0	10,000,888
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item provides state grants to assist Federally Qualified Health Center (FQHCs) for fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Federally Qualified Health Centers (FQHC)

CORE DECISION ITEM

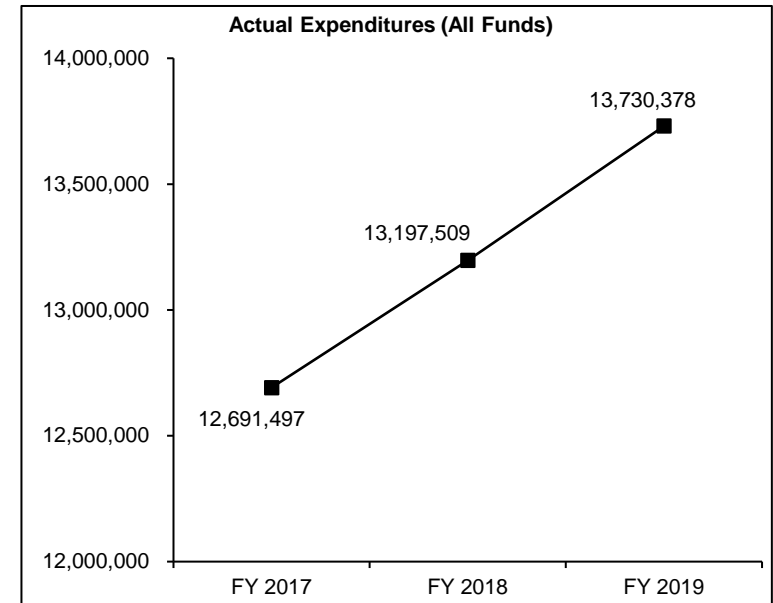
Department: Social Services
Division: MO HealthNet
Core: Federally Qualified Health Centers (FQHC)

Budget Unit: 90559C, 90513C, 90595C

HB Section: 11.705 / 11.706

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	16,099,247	13,467,143	14,231,783	10,000,888
Less Reverted (All Funds)	(161,172)	(142,225)	(207,472)	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	15,938,075	13,324,918	14,024,311	10,000,888
Actual Expenditures (All Funds)	12,691,497	13,197,509	13,730,378	N/A
Unexpended (All Funds)	3,246,578	127,409	293,933	N/A
Unexpended, by Fund:				
General Revenue	0	42,686	44,754	N/A
Federal	3,246,578	84,723	249,179	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	(4)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

Notes:

(1) FY17 - Lapse due to excess federal authority. Includes totals for the Women and Minority Outreach program (formerly HB 11.410)

(2) FY18 - Includes totals for the Women and Minority Outreach program (formerly HB 11.410)

(3) FY19 - Includes totals for the Women and Minority Outreach program (formerly HB 11.410)

(4) FY20 - Moved PMPM for MPCA (PMP) payouts to the Health Homes program (HB 11.710). Added the Women & Minority Outreach program (formerly HB 11.410) and the Technical Assistance Contracts (HB 11.706).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
FQHC DISTRIBUTION**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	1,817,172	1,500,000	0	3,317,172	
Total					0.00	1,817,172	1,500,000	0	3,317,172	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	599	4868	PD	0.00		(59,440)	0	0	(59,440)	Core Reallocation to correct 3% Gov Reserve from FY20.
NET DEPARTMENT CHANGES					0.00	(59,440)	0	0	(59,440)	
DEPARTMENT CORE REQUEST				PD	0.00	1,757,732	1,500,000	0	3,257,732	
Total					0.00	1,757,732	1,500,000	0	3,257,732	
GOVERNOR'S RECOMMENDED CORE				PD	0.00	1,757,732	1,500,000	0	3,257,732	
Total					0.00	1,757,732	1,500,000	0	3,257,732	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
WOMEN & MINORITY OUTREACH**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES	EE	0.00	529,796	568,625	0	1,098,421	
	Total	0.00	529,796	568,625	0	1,098,421	
DEPARTMENT CORE REQUEST	EE	0.00	529,796	568,625	0	1,098,421	
	Total	0.00	529,796	568,625	0	1,098,421	
GOVERNOR'S RECOMMENDED CORE	EE	0.00	529,796	568,625	0	1,098,421	
	Total	0.00	529,796	568,625	0	1,098,421	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES TECHNICAL ASSISTANCE CONTRACTS

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	1,921,900	3,663,395	0	5,585,295	
Total					0.00	1,921,900	3,663,395	0	5,585,295	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	602	5589	PD	0.00		59,440	0	0	59,440	Core Reallocation to correct 3% Gov Reserve from FY20.
NET DEPARTMENT CHANGES					0.00	59,440	0	0	59,440	
DEPARTMENT CORE REQUEST				PD	0.00	1,981,340	3,663,395	0	5,644,735	
Total					0.00	1,981,340	3,663,395	0	5,644,735	
GOVERNOR'S RECOMMENDED CORE				PD	0.00	1,981,340	3,663,395	0	5,644,735	
Total					0.00	1,981,340	3,663,395	0	5,644,735	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FQHC DISTRIBUTION								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	6,149,602	0.00	1,817,172	0.00	1,757,732	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	6,552,972	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL - PD	12,702,574	0.00	3,317,172	0.00	3,257,732	0.00	0	0.00
TOTAL	12,702,574	0.00	3,317,172	0.00	3,257,732	0.00	0	0.00
GRAND TOTAL	\$12,702,574	0.00	\$3,317,172	0.00	\$3,257,732	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
WOMEN & MINORITY OUTREACH								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	513,902	0.00	529,796	0.00	529,796	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	513,902	0.00	568,625	0.00	568,625	0.00	0	0.00
TOTAL - EE	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00
TOTAL	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00
GRAND TOTAL	\$1,027,804	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TECHNICAL ASSISTANCE CONTRACTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	1,921,900	0.00	1,981,340	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	3,663,395	0.00	3,663,395	0.00	0	0.00
TOTAL - PD	0	0.00	5,585,295	0.00	5,644,735	0.00	0	0.00
TOTAL	0	0.00	5,585,295	0.00	5,644,735	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$5,585,295	0.00	\$5,644,735	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FQHC DISTRIBUTION								
CORE								
PROGRAM DISTRIBUTIONS	12,702,574	0.00	3,317,172	0.00	3,257,732	0.00	0	0.00
TOTAL - PD	12,702,574	0.00	3,317,172	0.00	3,257,732	0.00	0	0.00
GRAND TOTAL	\$12,702,574	0.00	\$3,317,172	0.00	\$3,257,732	0.00	\$0	0.00
GENERAL REVENUE	\$6,149,602	0.00	\$1,817,172	0.00	\$1,757,732	0.00		0.00
FEDERAL FUNDS	\$6,552,972	0.00	\$1,500,000	0.00	\$1,500,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
WOMEN & MINORITY OUTREACH								
CORE								
PROFESSIONAL SERVICES	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00
TOTAL - EE	1,027,804	0.00	1,098,421	0.00	1,098,421	0.00	0	0.00
GRAND TOTAL	\$1,027,804	0.00	\$1,098,421	0.00	\$1,098,421	0.00	\$0	0.00
GENERAL REVENUE	\$513,902	0.00	\$529,796	0.00	\$529,796	0.00		0.00
FEDERAL FUNDS	\$513,902	0.00	\$568,625	0.00	\$568,625	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TECHNICAL ASSISTANCE CONTRACTS								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	5,585,295	0.00	5,644,735	0.00	0	0.00
TOTAL - PD	0	0.00	5,585,295	0.00	5,644,735	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$5,585,295	0.00	\$5,644,735	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$1,921,900	0.00	\$1,981,340	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$3,663,395	0.00	\$3,663,395	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.705 / 11.706

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

1a. What strategic priority does this program address?

Serve a medically underserved area or population

1b. What does this program do?

This core request provides state grants to assist Federally Qualified Health Centers (FQHCs) with infrastructure, equipment and personnel development so the uninsured and underinsured population will have increased access to health care, especially in medically under-served areas. These funds address gaps in preventive services and management of chronic conditions and incentive payments. This program also establishes and implements outreach programs in medically underserved areas by increasing participation of minorities and women in MO HealthNet programs.

The Department of Social Services (DSS) contracts with the Missouri Primary Care Association (MPCA) to act as a fiscal intermediary for the distribution of the FQHC grants, Community Health Worker Initiative, and the Women and Minority Health Outreach funding; assuring accurate and timely payments to the FQHCs; and to act as a central data collection point for evaluating program impact and outcomes. MPCA is recognized as Missouri's single primary care association by the Federal Health Resource Service Administration (HRSA).

- **Grant Expansion/Oral Health Contract**

Distributes funds to do such things as: implement, expand, or maintain access to services; develop new access points; recruit and retain qualified professionals; loan forgiveness and expand hours of operation.

- **Community Health Worker Contract**

Distributes funds to address social determinants of health; improve patient engagement in preventative, chronic disease management services; connect patients with community-based services; reduce avoidable emergency room visits; and reduce hospital admissions.

- **Women and Minority Contract**

Distributes funds to establish and implement healthcare outreach programs for women and minorities in the City of St. Louis, the southeast "boothel" region of the state, and Kansas City.

PROGRAM DESCRIPTION

Department: Social Services

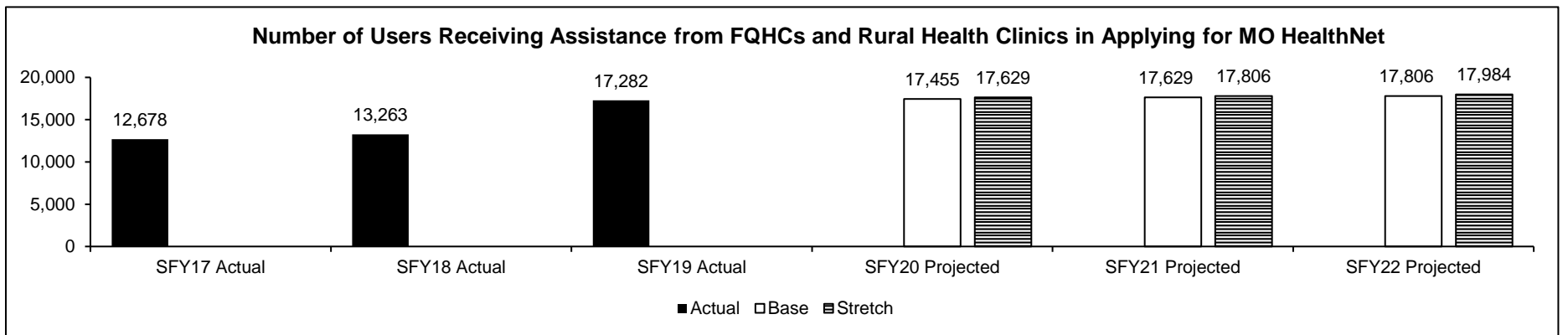
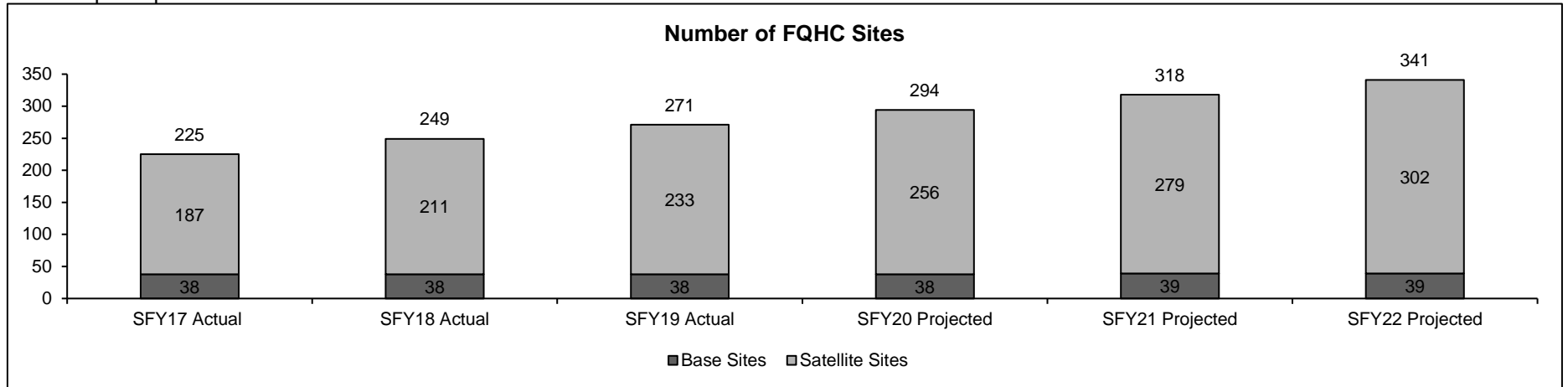
HB Section(s): 11.705 / 11.706

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

2a. Provide an activity measure(s) for the program.

Each FQHC (base site) has several satellite sites. During SFY19, there were 38 base sites and 233 satellite sites, for a total of 271 sites providing services to MO HealthNet participants.



PROGRAM DESCRIPTION

Department: Social Services

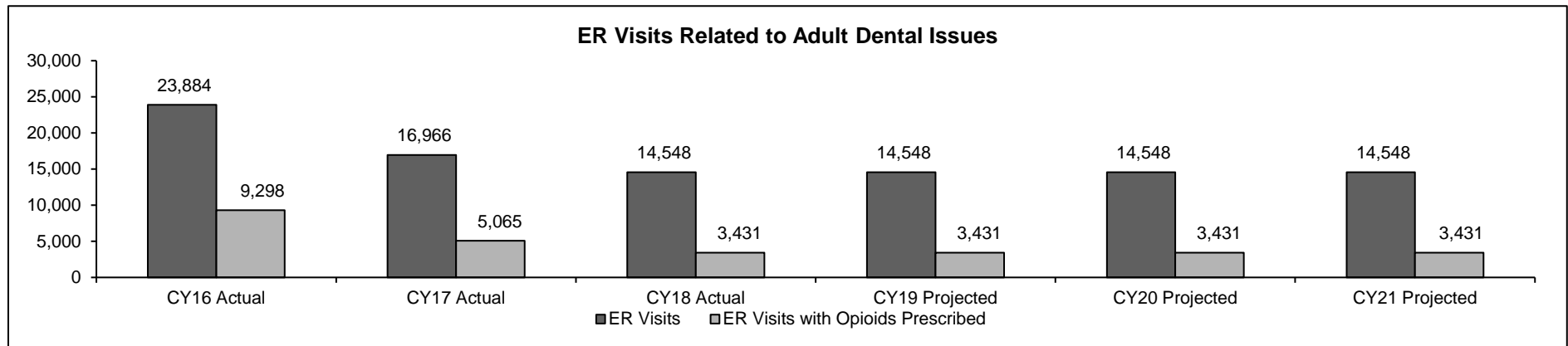
HB Section(s): 11.705 / 11.706

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

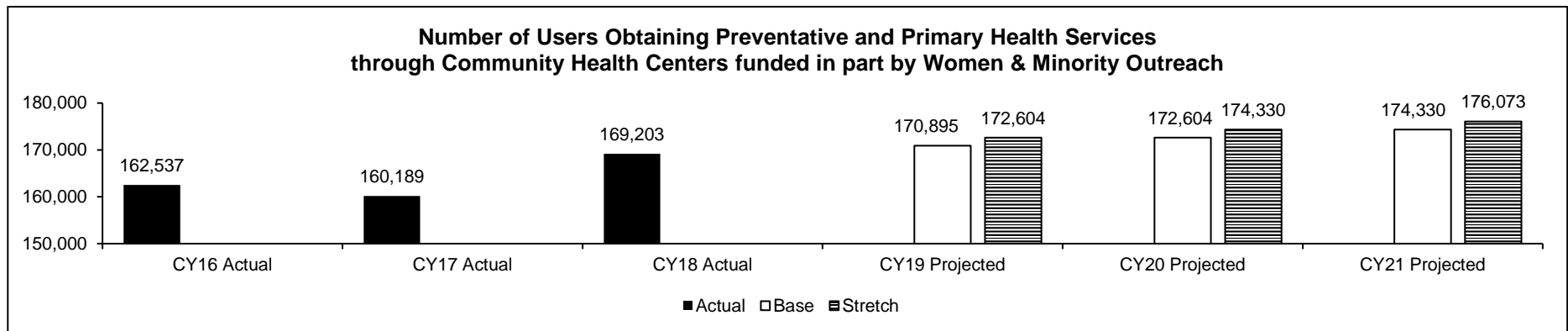
2b. Provide a measure(s) of the program's quality.

The number of ER visits relating to dental issues and ER visits relating to dental issues during which opioids were prescribed have decreased significantly since the MO HealthNet Adult Dental program went into effect on 01/01/16. The Grant Expansion/Oral Health Grant provides funding for the Dental program for FQHCs.



Notes:

1. This measure captures all Fee For Service (FFS) Medicaid participants, not just FQHC participants.
2. Managed Care went statewide on 05/01/17 which may account for some of the decline in FFS visits during SFY 2017.



PROGRAM DESCRIPTION

Department: Social Services

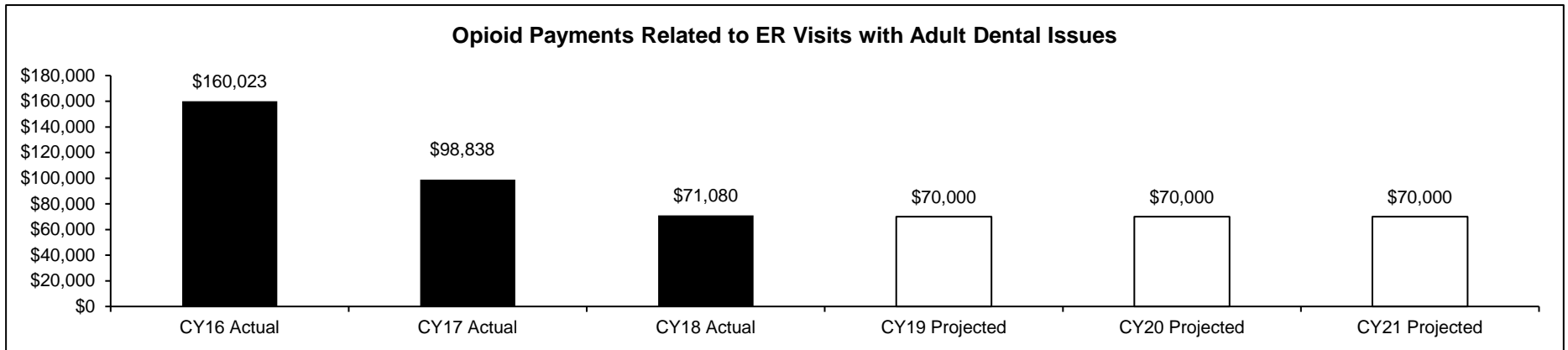
HB Section(s): 11.705 / 11.706

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

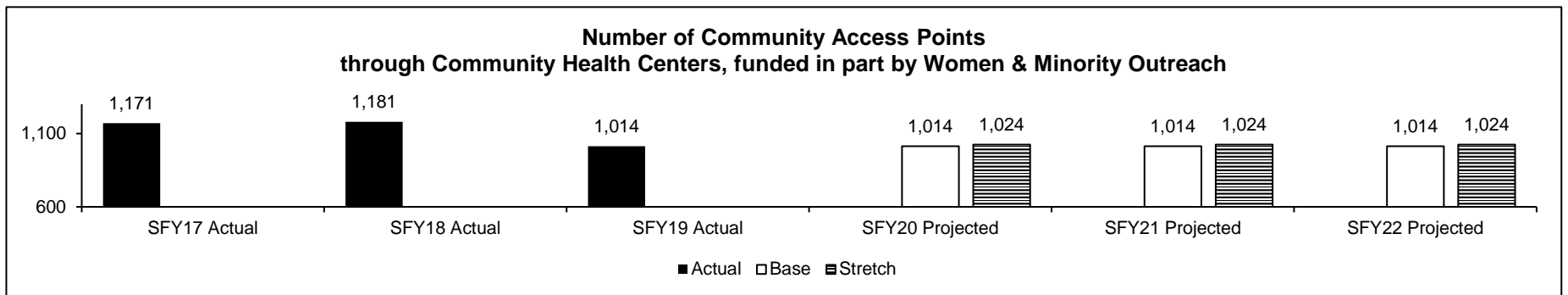
2c. Provide a measure(s) of the program's impact.

The amount of Opioid payments have decreased significantly since the MO HealthNet Adult Dental program went into effect on 01/01/16. The Grant Expansion/Oral Health Grant provides funding for the Dental program for FQHCs.



Notes:

1. This measure captures all Fee For Service (FFS) Medicaid participants, not just FQHC participants.
2. Managed Care went statewide on 05/01/17 which may account for some of the decline in FFS visits during SFY 2017.



Community Access Points provide individuals with assistance in navigating the MO HealthNet application and enrollment process.

Community Access Points may be located in places like: schools; day care centers; head starts; housing agencies; health departments; community events; career fairs; health fairs; senior centers; public housing; shelters; churches; hospitals; libraries; Family Support Division offices; food pantries; and WIC offices.

PROGRAM DESCRIPTION

Department: Social Services

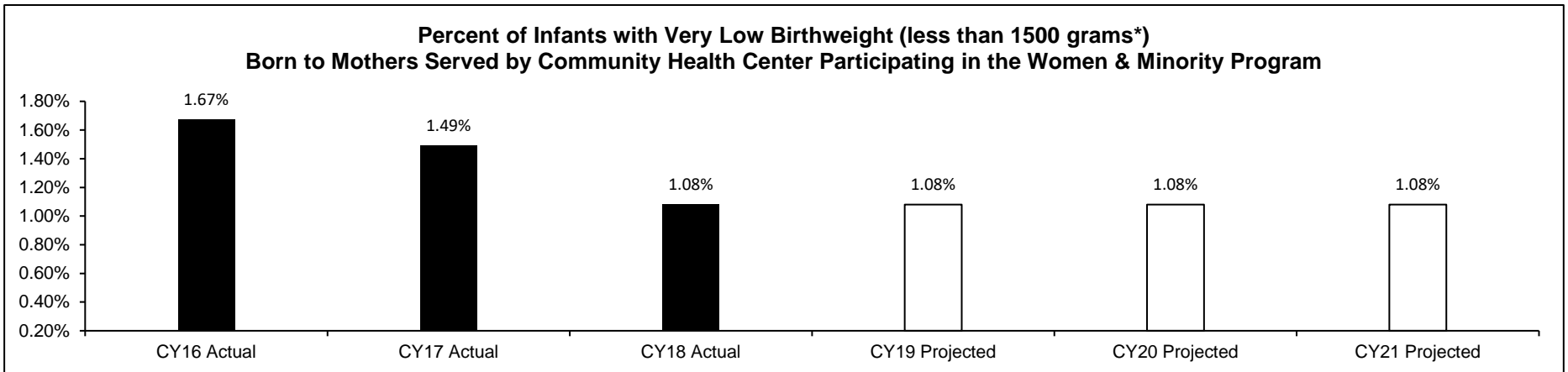
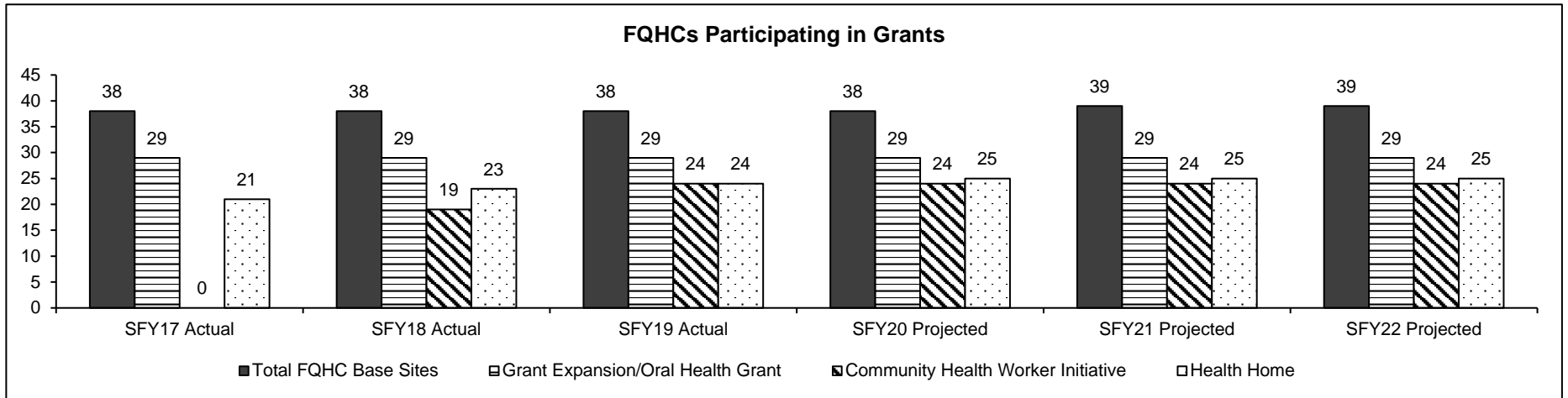
HB Section(s): 11.705 / 11.706

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

2d. Provide a measure(s) of the program's efficiency.

A significant number of FQHCs participate in the various programs. During SFY 2018, over 76% participated in the Grant Expansion/Oral Health Grant, over 63% participated in the Community Health Worker Initiative, and over 63% participated in the Health Home program.



*1500 grams = approximately 3.3 pounds.

PROGRAM DESCRIPTION

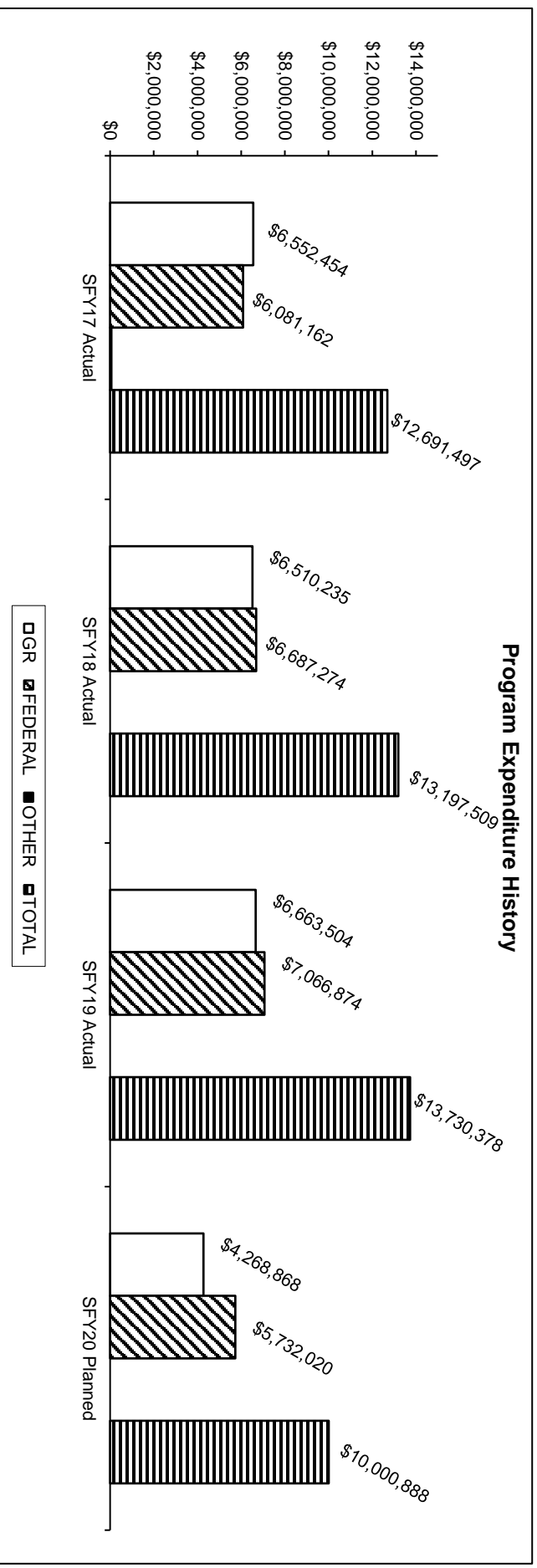
Department: Social Services

Program Name: Federally Qualified Health Centers (FQHC) Distribution

Program is found in the following core budget(s): Federally Qualified Health Centers (FQHC)

HB Section(s): 11.705 / 11.706

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.201, RSMo. Federal law: Social Security Act Section 1903(a). Federal Regulations: 42 CFR, Part 433.15.

6. Are there federal matching requirements? If yes, please explain.

General Medicaid administrative expenditures earn a 50% federal match.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Health Homes

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Health Homes

Budget Unit: 90574C

HB Section: 11.710

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	4,867,731	13,548,938	2,285,434	20,702,103
TRF				
Total	4,867,731	13,548,938	2,285,434	20,702,103
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance (0142) - \$2,285,434

FY 2021 Governor's Recommendation				
	GR	Fed	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

MO HealthNet operates the Primary Care Health Home Program for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second. Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services, and the cost of staff primarily responsible for delivery of these specified health home services who are not covered by other MO HealthNet reimbursement methodologies.

3. PROGRAM LISTING (list programs included in this core funding)

Health Homes

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Health Homes

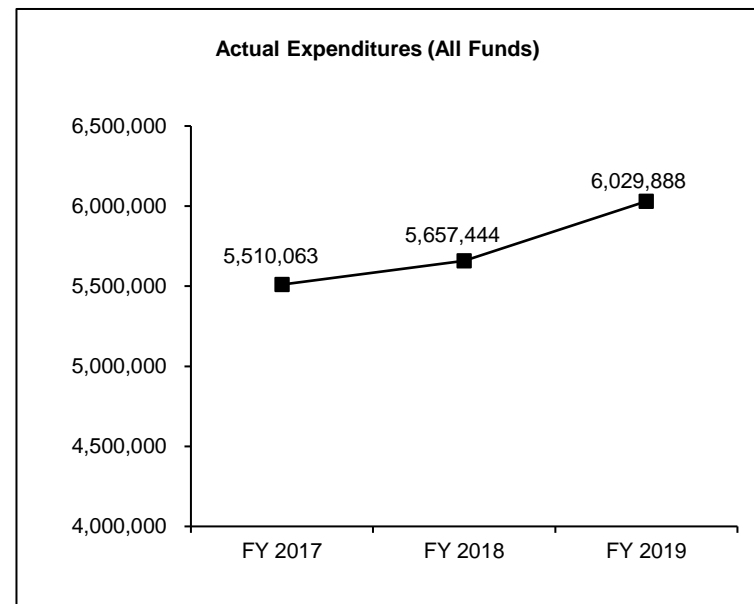
Budget Unit: 90574C

HB Section: 11.710

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	7,353,934	8,105,166	11,637,802	20,702,103
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	7,353,934	8,105,166	11,637,802	20,702,103
Actual Expenditures (All Funds)	5,510,063	5,657,444	6,029,888	N/A
Unexpended (All Funds)	1,843,871	2,447,722	5,607,914	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	1,243,871	1,504,843	3,626,909	N/A
Other	600,000	942,879	1,981,005	N/A

(1)



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY20 - Added PMPM for MPCA (PMP) payouts from the FQHC program (HB 11.705), and PMPM DMH Disease Management (PMD), PMPM Expansion-CMHC (PME), and PMPM for IGT (PMI) payouts from the Physician program (HB 11.645)

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
HEALTH HOMES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	4,867,731	13,548,938	2,285,434	20,702,103	
	Total	0.00	4,867,731	13,548,938	2,285,434	20,702,103	
<hr/>							
DEPARTMENT CORE REQUEST	PD	0.00	4,867,731	13,548,938	2,285,434	20,702,103	
	Total	0.00	4,867,731	13,548,938	2,285,434	20,702,103	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	PD	0.00	4,867,731	13,548,938	2,285,434	20,702,103	
	Total	0.00	4,867,731	13,548,938	2,285,434	20,702,103	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HEALTH HOMES								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	4,867,731	0.00	4,867,731	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	3,927,974	0.00	13,548,938	0.00	13,548,938	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	2,101,914	0.00	2,285,434	0.00	2,285,434	0.00	0	0.00
TOTAL - PD	6,029,888	0.00	20,702,103	0.00	20,702,103	0.00	0	0.00
TOTAL	6,029,888	0.00	20,702,103	0.00	20,702,103	0.00	0	0.00
MHD CTC - 1886001								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	791,374	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	4,133,140	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	1,324,013	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	6,248,527	0.00	0	0.00
TOTAL	0	0.00	0	0.00	6,248,527	0.00	0	0.00
Health Home Expansion - 1886019								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	453,238	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,273,873	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	213,289	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,940,400	0.00	0	0.00
TOTAL	0	0.00	0	0.00	1,940,400	0.00	0	0.00
GRAND TOTAL	\$6,029,888	0.00	\$20,702,103	0.00	\$28,891,030	0.00	\$0	0.00

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90574C BUDGET UNIT NAME: Health Home HOUSE BILL SECTION: 11.710	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: right;"> Total \$28,891,030 </td> <td style="width: 15%; text-align: right;"> % Flex 10% </td> <td style="width: 15%; text-align: right;"> Flex Amount \$2,889,103 </td> <td style="width: 37%;"> Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740. </td> </tr> </table>		Total \$28,891,030	% Flex 10%	Flex Amount \$2,889,103	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.
Total \$28,891,030	% Flex 10%	Flex Amount \$2,889,103	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
N/A	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex is new for FY20.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HEALTH HOMES								
CORE								
PROGRAM DISTRIBUTIONS	6,029,888	0.00	20,702,103	0.00	20,702,103	0.00	0	0.00
TOTAL - PD	6,029,888	0.00	20,702,103	0.00	20,702,103	0.00	0	0.00
GRAND TOTAL	\$6,029,888	0.00	\$20,702,103	0.00	\$20,702,103	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$4,867,731	0.00	\$4,867,731	0.00		0.00
FEDERAL FUNDS	\$3,927,974	0.00	\$13,548,938	0.00	\$13,548,938	0.00		0.00
OTHER FUNDS	\$2,101,914	0.00	\$2,285,434	0.00	\$2,285,434	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.710

Program Name: Health Homes

Program is found in the following core budget(s): Health Homes

1a. What strategic priority does this program address?

Intensive care coordination/care management

1b. What does this program do?

Section 2703 of the Affordable Care Act (ACA) gives MO HealthNet the option to pay providers to coordinate care through a health home for individuals with chronic conditions. MO HealthNet operates the Primary Care Health Home Program for participants diagnosed with two chronic conditions or diagnosed with one chronic condition and at-risk for development of a second. Clinical care management per member per month (PMPM) payments are made for the reimbursement of required contracted services and the cost of staff primarily responsible for delivery of these specified health home services who are not covered by other MO HealthNet reimbursement methodologies. This core funds PMPM payments made to health homes.

A Primary Care Health Home may be operated by a Federally Qualified Health Center (FQHC), hospital-based clinic, or other primary care provider. The State share of the Health Home PMPMs for hospital-based clinics are funded by the Federal Reimbursement Allowance (FRA) program.

Reimbursement Methodology

Providers that are enrolled in MO HealthNet's Health Home Program receive a per-member, per month (PMPM) reimbursement for each eligible health home patient enrolled in the program who receives health home services in a given month. Health home PMPM payments started in March 2012 for services performed in January 2012. In accordance with the state plan amendment approved by the Centers for Medicare and Medicaid Services (CMS), MO HealthNet may adjust the PMPM rate based on the consumer price index (CPI).

Rate History

Primary Care PMPM Rate	DMH PMPM Rate	Effective with Service Month
\$64.68	\$86.51	7/1/19
\$63.72	\$85.23	1/1/17
\$63.72	\$85.23	1/1/16
\$62.47	\$83.56	1/1/15

Additional Details

Calendar year 2020 will continue to see an increase in patient enrollment in Primary Care Health Home (PCHH) providers.

PROGRAM DESCRIPTION

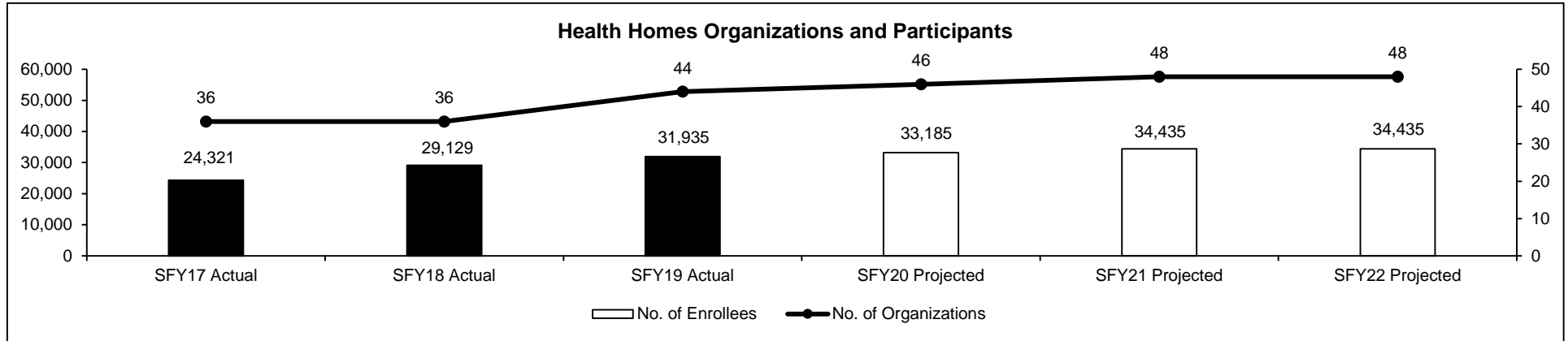
Department: Social Services

HB Section(s): 11.710

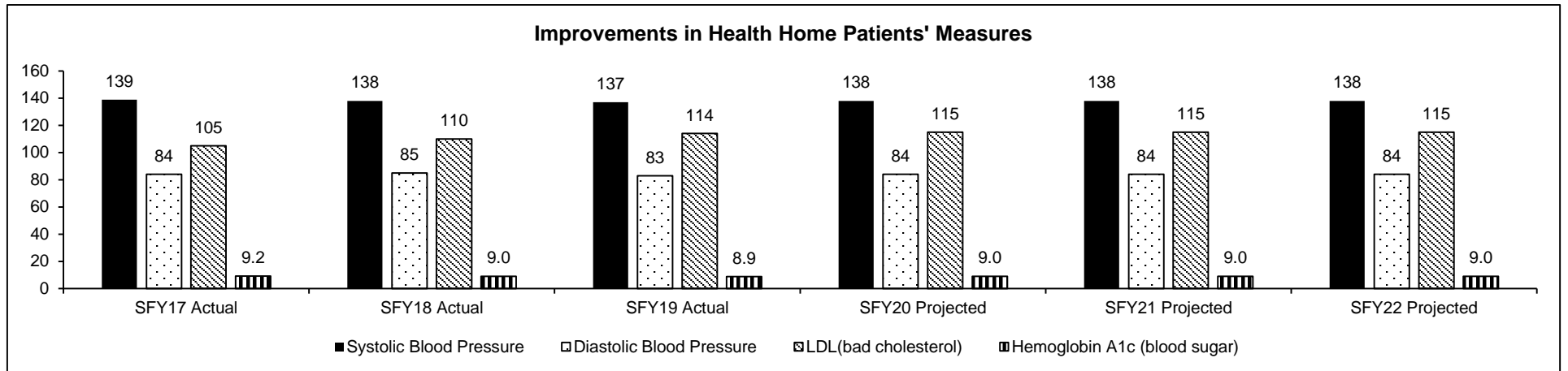
Program Name: Health Homes

Program is found in the following core budget(s): Health Homes

2a. Provide an activity measure for the program.



2b. Provide a measure of the program's quality.



PROGRAM DESCRIPTION

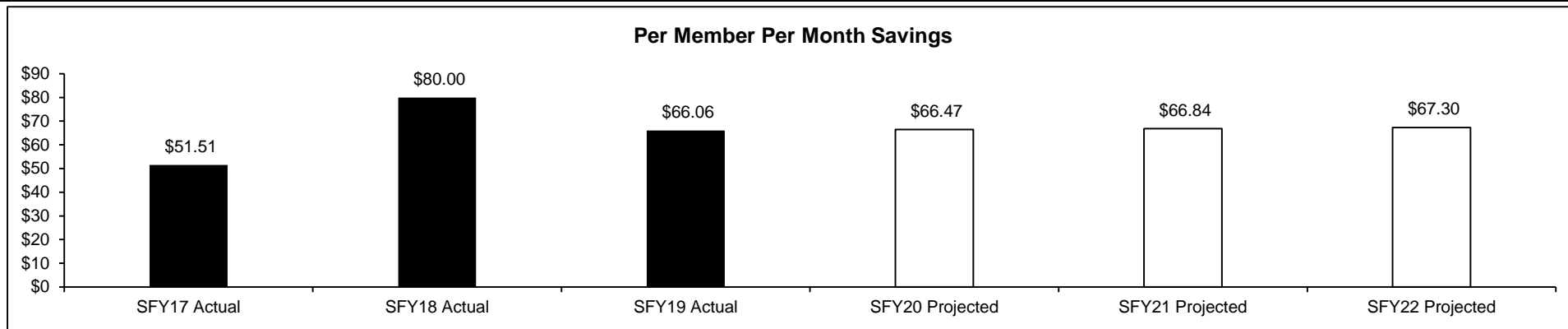
Department: Social Services

HB Section(s): 11.710

Program Name: Health Homes

Program is found in the following core budget(s): Health Homes

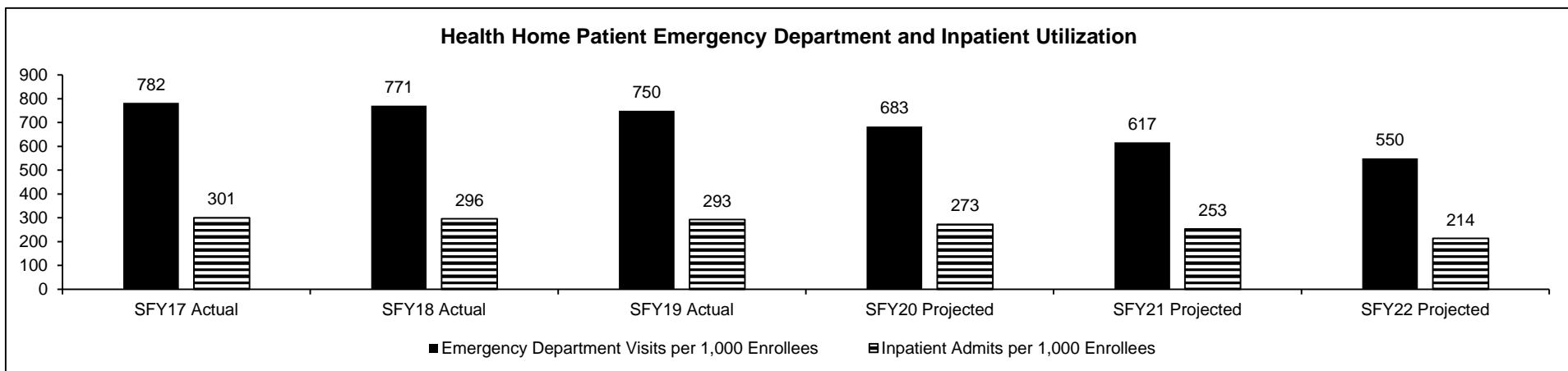
2c. Provide a measure of the program's impact.



PMPM savings are gathered for Health Home members with 12 months of Medicaid Eligibility prior to Health Home enrollment, and at least one Health Home attestation in the following State Fiscal Year.

Medicaid expenditures per Health Home member are excluded if they are three (3) standard deviations above the mean expenditure per member. This excludes Medicaid expenditures for members with high-cost diagnoses for which Health Homes cannot be effective (e.g. Hemophilia, Severe Injuries).

2d. Provide a measure of the program's efficiency.

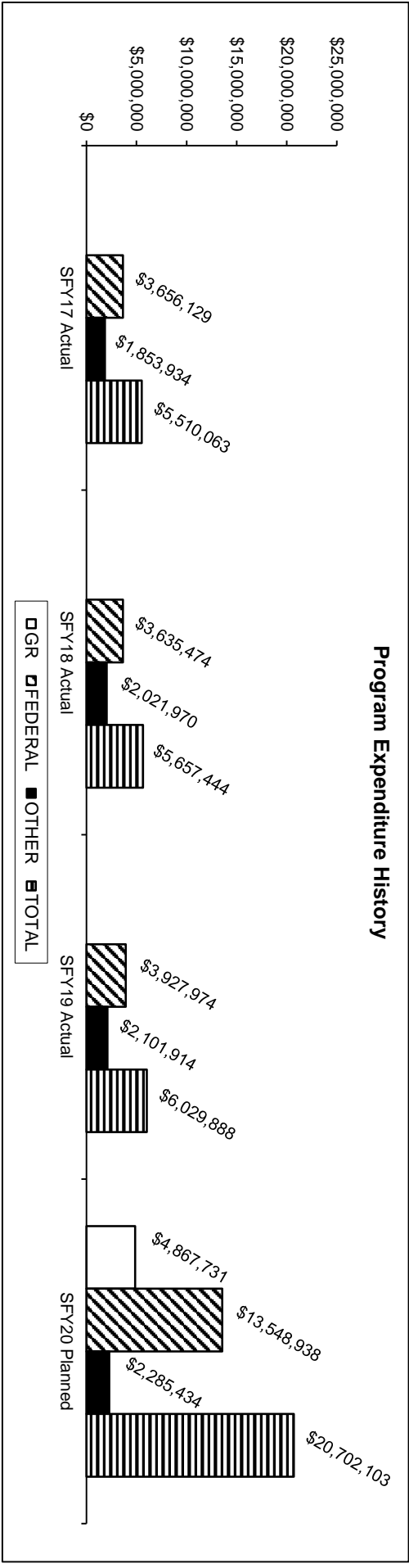


PROGRAM DESCRIPTION

HB Section(s): 11.710

Department: Social Services
Program Name: Health Homes
Program is found in the following core budget(s): Health Homes

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal law: ACA Section 2703; Section 1945 of Title XIX of the Social Security Act.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.
No.

NDI - Health Homes Expansion

NEW DECISION ITEM
RANK: 30 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Health Home Expansion

Budget Unit: 90574C

DI# 1886019

HB Section: 11.710

1. AMOUNT OF REQUEST

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	453,238	1,273,873	213,289	1,940,400
TRF				
Total	453,238	1,273,873	213,289	1,940,400
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance (0142) - \$213,289

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

The MO HealthNet Division is expanding the Primary Care Health Home (PCHH) initiative in Missouri by up to 2,500 new participants beginning on or after July 1, 2020. This item requests funding associated with the expansion.

NEW DECISION ITEM
RANK: 30 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Health Home Expansion

Budget Unit: 90574C

DI# 1886019

HB Section: 11.710

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

A review of Medicaid claims data shows there are areas in Missouri where there are significant numbers of individuals who are potentially eligible for enrollment in Primary Care Health Homes (PCHH), based on qualifying diagnoses and type of Medicaid coverage, and who are receiving their primary care from providers who do not currently participate in the PCHH. The most recent data shows a statewide total of just under 2,500 additional people who potentially qualify for PCHH enrollment, but are not currently enrolled.

2,500 Projected PCHH participant increase
\$64.68 PMPM rate for SFY 2021 Health Home Services
161,700 Total estimated PMPM payments for PCHH participants
1,940,400 Total estimated payments for SFY 2021

GR	Fed	FRA	Total
\$ 453,238	\$ 1,273,873	\$ 213,289	\$ 1,940,400

65.65%	FMAP
--------	------

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	453,238		1,273,873		213,289		1,940,400		0
Grand Total	453,238	0.0	1,273,873	0.0	213,289	0.0	1,940,400	0.0	0

NEW DECISION ITEM
RANK: 30 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Health Home Expansion

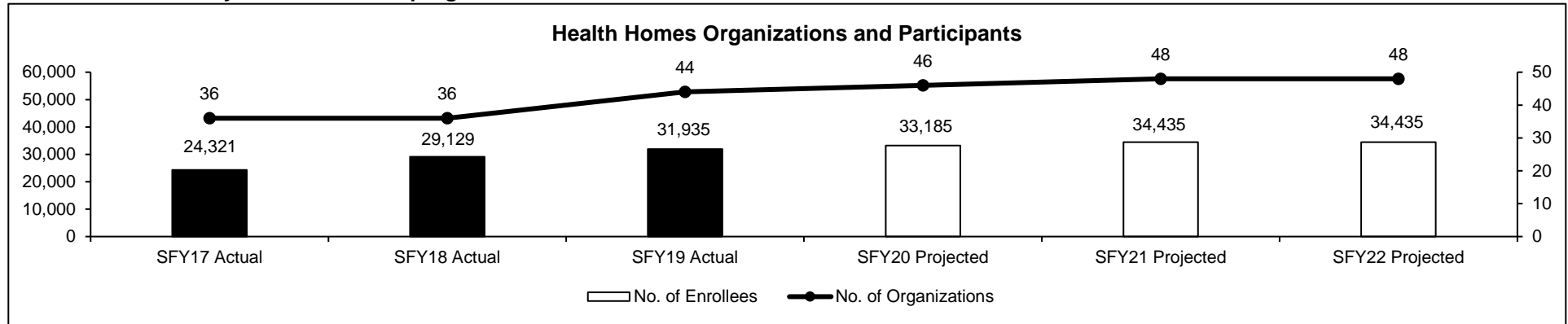
DI# 1886019

Budget Unit: 90574C

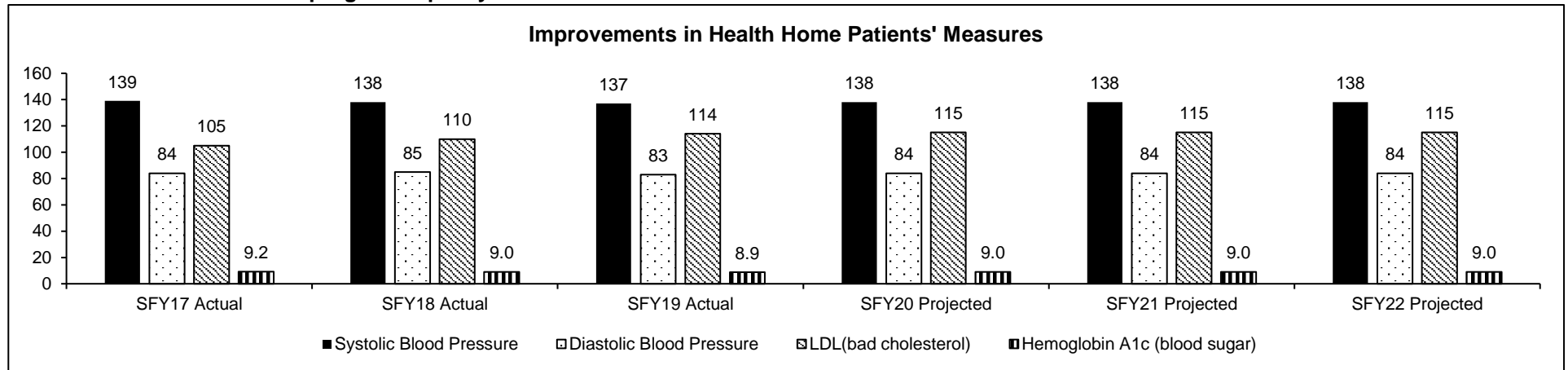
HB Section: 11.710

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.



6b. Provide a measure of the program's quality.



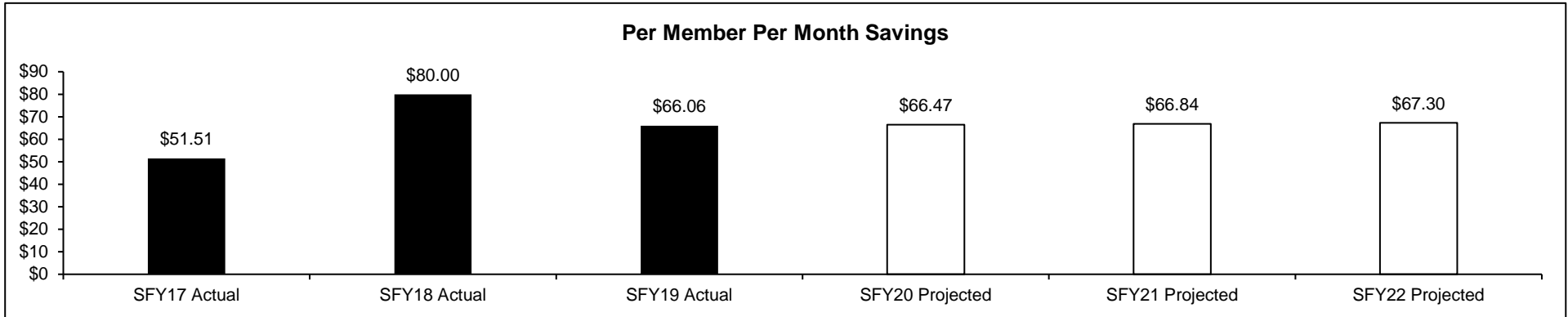
NEW DECISION ITEM
RANK: 30 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Health Home Expansion

DI# 1886019

Budget Unit: 90574C
HB Section: 11.710

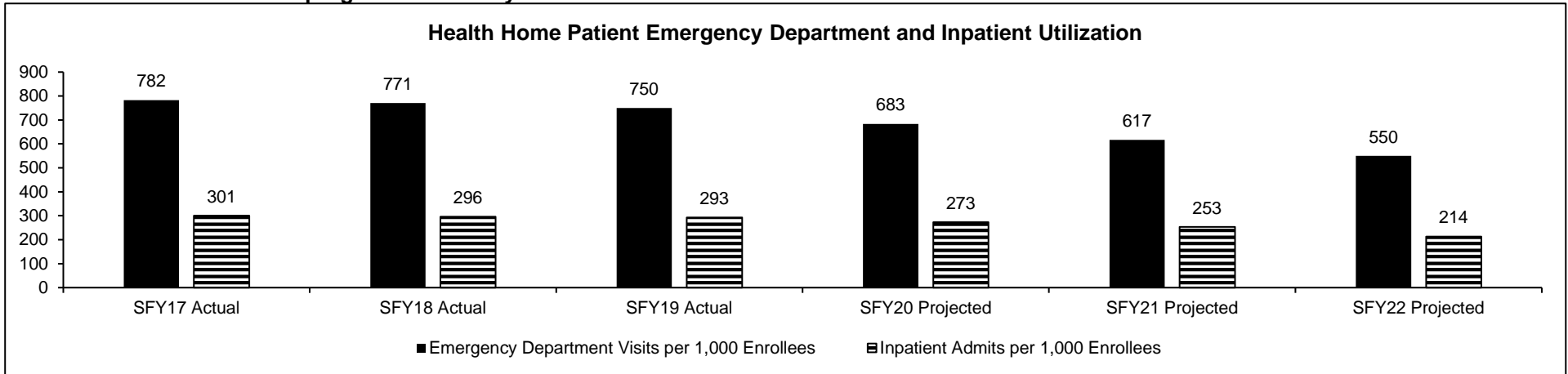
6c. Provide a measure of the program's impact.



PMPM savings are gathered for Health Home members with 12 months of Medicaid Eligibility prior to Health Home enrollment, and at least one Health Home attestation in the following State Fiscal Year.

Medicaid expenditures per Health Home member are excluded if they are three (3) standard deviations above the mean expenditure per member. This excludes Medicaid expenditures for members with high-cost diagnoses for which Health Homes cannot be effective (e.g. Hemophilia, Severe Injuries).

6d. Provide a measure of the program's efficiency



NEW DECISION ITEM
RANK: 30 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: Health Home Expansion

Budget Unit: 90574C

DI# 1886019

HB Section: 11.710

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

There will be two new Health Home Organizations opening in SFY20, and two more in SFY21. These four new organizations will bring approximately 1,250 enrollees in FY20, and 1,250 more in FY21 into the Health Home program. This expansion will allow more access to the Health Home program which in turn will decrease emergency room visits and inpatient utilization, as well as improve Health Home patient measures.

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HEALTH HOMES								
Health Home Expansion - 1886019								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	1,940,400	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,940,400	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$1,940,400	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$453,238	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,273,873	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$213,289	0.00		0.00

Core - Federal
Reimbursement Allowance
(FRA)

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Federal Reimbursement Allowance (FRA)

Budget Unit: 90553C

HB Section: 11.715

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD			1,280,593,734	1,280,593,734
TRF				
Total	0	0	1,280,593,734	1,280,593,734
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$1,280,593,734

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

The Federal Reimbursement Allowance (FRA) program funds reimbursement of hospital services and the hospital portion of the managed care premiums provided to MO HealthNet participants and the uninsured. The FRA program serves as a General Revenue equivalent by supplementing payments for the cost of providing care to Medicaid participants under Title XIX of the Social Security Act, and to the uninsured.

3. PROGRAM LISTING (list programs included in this core funding)

Hospital - Federal Reimbursement Allowance

CORE DECISION ITEM

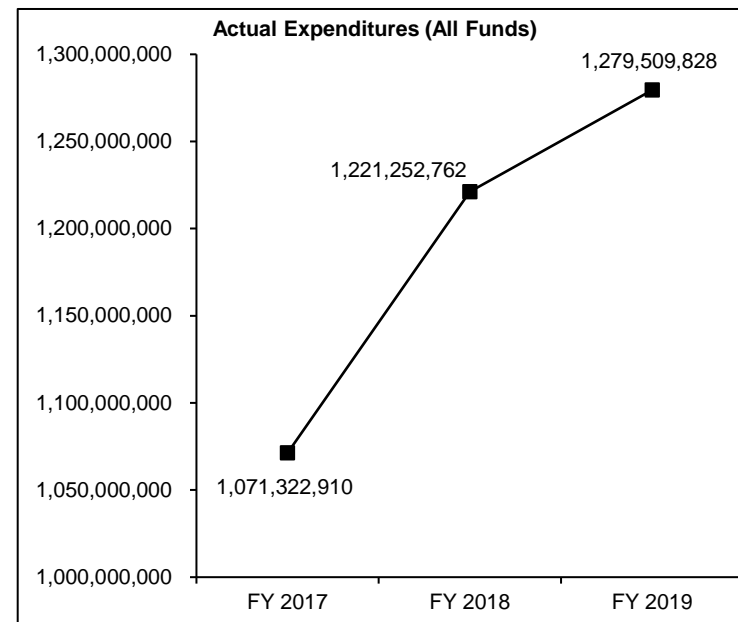
Department: Social Services
Division: MO HealthNet
Core: Federal Reimbursement Allowance (FRA)

Budget Unit: 90553C

HB Section: 11.715

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	1,125,818,734	1,370,127,055	1,280,818,734	1,280,593,734
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	1,125,818,734	1,370,127,055	1,280,818,734	1,280,593,734
Actual Expenditures (All Funds)	1,071,322,910	1,221,252,762	1,279,509,828	N/A
Unexpended (All Funds)	54,495,824	148,874,293	1,308,906	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	54,495,824	148,874,293	1,308,906	N/A
		(1)		



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - There was a supplemental increase of \$89,308,321 FRA fund

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES FED REIMB ALLOWANCE

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	0	1,280,593,734	1,280,593,734	
	Total	0.00	0	0	1,280,593,734	1,280,593,734	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	1,280,593,734	1,280,593,734	
	Total	0.00	0	0	1,280,593,734	1,280,593,734	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	1,280,593,734	1,280,593,734	
	Total	0.00	0	0	1,280,593,734	1,280,593,734	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
FED REIMB ALLOWANCE									
CORE									
PROGRAM-SPECIFIC									
FEDERAL REIMBURSEMENT ALLOWANCE	1,279,509,828	0.00	1,280,593,734	0.00	1,280,593,734	0.00	0	0.00	
TOTAL - PD	1,279,509,828	0.00	1,280,593,734	0.00	1,280,593,734	0.00	0	0.00	
TOTAL	1,279,509,828	0.00	1,280,593,734	0.00	1,280,593,734	0.00	0	0.00	
FRA Increase CTC - 1886006									
PROGRAM-SPECIFIC									
FEDERAL REIMBURSEMENT ALLOWANCE	0	0.00	0	0.00	270,789,964	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	270,789,964	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	270,789,964	0.00	0	0.00	
GRAND TOTAL	\$1,279,509,828	0.00	\$1,280,593,734	0.00	\$1,551,383,698	0.00	\$0	0.00	

9/16/19 15:14

im_disummary

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMB ALLOWANCE								
CORE								
PROGRAM DISTRIBUTIONS	1,279,509,828	0.00	1,280,593,734	0.00	1,280,593,734	0.00	0	0.00
TOTAL - PD	1,279,509,828	0.00	1,280,593,734	0.00	1,280,593,734	0.00	0	0.00
GRAND TOTAL	\$1,279,509,828	0.00	\$1,280,593,734	0.00	\$1,280,593,734	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$1,279,509,828	0.00	\$1,280,593,734	0.00	\$1,280,593,734	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

1a. What strategic priority does this program address?

Quality hospital care and appropriate reimbursement

1b. What does this program do?

The Federal Reimbursement Allowance (FRA) program assesses hospitals in the state of Missouri a fee for the privilege of doing business in the state. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, earns federal Medicaid matching funds. The assessment collected from the hospital and the federal earnings fund the FRA program. The funds collected by the state are used to supplement inpatient and outpatient hospital services as well as a general revenue equivalent for other MO HealthNet services such as Managed Care and the Children's Health Insurance Program (CHIP).

Reimbursement Methodology

The FRA assessment is a percent of each hospital's inpatient adjusted net revenues and outpatient adjusted net revenues. The assessment rate effective July 1, 2019 is 5.60% which did not change from the SFY 2019 assessment rate of 5.60%. The net inpatient and net outpatient revenue are determined from the hospital's cost reports that are filed annually with the MO HealthNet Division. The MO HealthNet Division uses funds generated from the FRA program as the equivalent of general revenue funds.

The FRA funds are distributed to the hospitals through a combination of payments to compensate certain costs as outlined below.

- *Higher Inpatient Per Diems* - Approximately 63.25% of inpatient costs are made through FRA funding. Higher per diems were granted in October 1992 when the FRA program started. In April 1998, hospitals were rebased to the 1995 cost reports.
- *Increased Outpatient Payment* - Approximately 38.67% of outpatient costs are made through FRA funding. An outpatient prospective reimbursement methodology was implemented on July 1, 2002.
- *Direct Medicaid Payments* - The hospital receives additional lump sum payments to cover their unreimbursed costs for providing services to MO HealthNet participants. These payments, along with per diem payments, provide 100% of the allowable Medicaid cost for MO HealthNet participants.
- *Uninsured Add-On* - Payments for the cost of providing services to the uninsured and for uncompensated care costs.
- *Upper Payment Limit* – As funding is available, an annual payment is made to hospitals to recognize costs up to what Medicare payment principles allow.
- *Enhanced GME* - An annual payment to hospitals for Graduate Medical Education (GME) cost inflation not reimbursed in the per diem, Direct Medicaid, or quarterly GME payments.

The FRA program also funds the costs of the the Missouri Gateway to Better Health Medicaid demonstration program, the state share of primary care health home per member per month (PMPM) payments to hospital-based primary care health homes, and federally required independent disproportionate share hospital (DSH) audits. DSH payments are made for Medicaid uncompensated care costs and for uninsured uncompensated care costs. These payments are limited to the federal DSH allotment and are subject to annual DSH audits. *For more information on the Gateway project, see Additional Details.*

Regulations require that the FRA tax be broad-based, uniform, and a maximum tax of 6% due to the structure of the tax.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Federal Reimbursement Allowance (FRA)

Program is found in the following core budget(s): Federal Reimbursement Allowance (FRA)

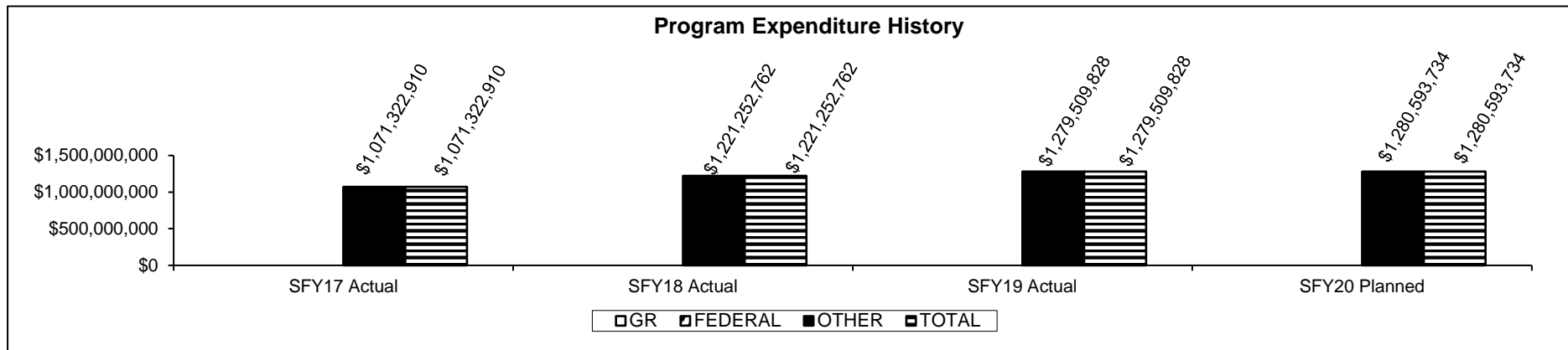
Additional Details

Missouri's Gateway to Better Health Medicaid demonstration project

The State is authorized to spend up to \$30 million (total computable) annually to preserve and improve primary care and specialty care in the St. Louis area in lieu of spending that amount of statutorily authorized funding on payments to DSH, making this demonstration budget-neutral. Under the demonstration, CMS allows the state to continue to use DSH funds to preserve and improve primary and specialty health care services in St. Louis.

This program is exempt from performance measures as it is an accounting mechanism.

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.453, RSMo. Federal law: Social Security Act Section 1903(w). Federal Regulation: 42 CFR 433 Subpart B.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

NDI - FRA Increase
Cost to Continue

NEW DECISION ITEM
RANK: 9 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: FRA Increase CTC

Budget Unit: 90553C
HB Section: 11.715

DI# 1886006

1. AMOUNT OF REQUEST

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD			270,789,964	270,789,964
TRF				
Total	0	0	270,789,964	270,789,964

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Federal Reimbursement Allowance (0142) - \$270,789,964

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0

FTE 0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input checked="" type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This request for increased authority is needed for Hospital Reimbursement associated with Federal Reimbursement Allowance (FRA) funded claims and Direct Medicaid payments. Additional authority is requested for Disproportionate Share Hospital (DSH) Redistribution payments associated with the recent Federal decision to no longer allow Medicare and TPL payments to offset against the costs when calculating the Uncompensated Care Cost (UCC) in the DSH payment calculation for years 2011 to 2015.

NEW DECISION ITEM
RANK: 9 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: FRA Increase CTC

Budget Unit: 90553C

DI# 1886006

HB Section: 11.715

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Additional authority is requested for Disproportionate Share Hospital (DSH) Redistribution payments associated with the recent Federal decision to no longer allow Medicare and TPL payments to offset against costs when calculating the Uncompensated Care Cost (UCC) in the DSH payment calculation for years 2011 to 2015. MHD plans to make DSH redistribution payments over a two year period, and must have them completed, per Federal requirement, by April 2021.

Department Request

FY20 Appropriated	\$1,280,593,734
FY20 Projected Expenditures	\$1,506,383,698
Current FRA Need	\$ 195,789,964
DSH Redistribution	\$ 30,000,000
Additional FY21 DSH Redistribution	\$ 45,000,000
	\$ 270,789,964

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Total PSD	0		0		270,789,964		270,789,964		0
Grand Total	0	0.0	0	0.0	270,789,964	0.0	270,789,964	0.0	0

NEW DECISION ITEM
RANK: 9 OF 36

Department: Social Services
Division: MO HealthNet
DI Name: FRA Increase CTC

DI# 1886006

Budget Unit: 90553C
HB Section: 11.715

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure for the program.

This program is exempt from performance measures as it is an accounting mechanism.

6b. Provide a measure of the program's quality.

This program is exempt from performance measures as it is an accounting mechanism.

6c. Provide a measure of the program's impact.

This program is exempt from performance measures as it is an accounting mechanism.

6d. Provide a measure of the program's efficiency

This program is exempt from performance measures as it is an accounting mechanism.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMB ALLOWANCE								
FRA Increase CTC - 1886006								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	270,789,964	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	270,789,964	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$270,789,964	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$270,789,964	0.00		0.00

Core - IGT Safety Net Hospitals

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: IGT Safety Net Hospitals

Budget Unit: 90571C

HB Section: 11.720

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD		25,015,818	13,125,028	38,140,846
TRF				
Total	0	25,015,818	13,125,028	38,140,846
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: DSS Intergovernmental Transfer Fund (0139) - \$13,125,028

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

Safety net hospitals traditionally see a high volume of MO HealthNet/uninsured patients. This item funds payments for MO HealthNet participants and the uninsured through intergovernmental transfers for safety net hospitals.

3. PROGRAM LISTING (list programs included in this core funding)

Intergovernmental transfers for Safety Net Hospitals

CORE DECISION ITEM

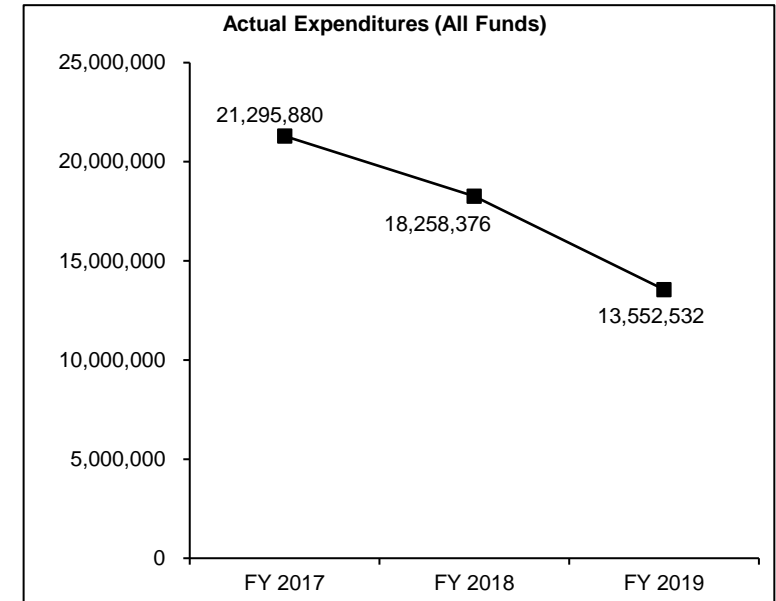
Department: Social Services
Division: MO HealthNet
Core: IGT Safety Net Hospitals

Budget Unit: 90571C

HB Section: 11.720

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	99,854,549	64,531,450	38,140,846	38,140,846
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	99,854,549	64,531,450	38,140,846	38,140,846
Actual Expenditures (All Funds)	21,295,880	18,258,376	13,552,532	N/A
Unexpended (All Funds)	78,558,669	46,273,074	24,588,314	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	46,486,877	27,993,196	14,928,759	N/A
Other	32,071,792	18,279,878	9,659,555	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
IGT SAFETY NET HOSPITALS**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	25,015,818	13,125,028	38,140,846	
	Total	0.00	0	25,015,818	13,125,028	38,140,846	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	25,015,818	13,125,028	38,140,846	
	Total	0.00	0	25,015,818	13,125,028	38,140,846	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	25,015,818	13,125,028	38,140,846	
	Total	0.00	0	25,015,818	13,125,028	38,140,846	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT SAFETY NET HOSPITALS								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	8,836,589	0.00	25,015,818	0.00	25,015,818	0.00	0	0.00
INTERGOVERNMENTAL TRANSFER	4,715,943	0.00	13,125,028	0.00	13,125,028	0.00	0	0.00
TOTAL - PD	13,552,532	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
TOTAL	13,552,532	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
GRAND TOTAL	\$13,552,532	0.00	\$38,140,846	0.00	\$38,140,846	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT SAFETY NET HOSPITALS								
CORE								
PROGRAM DISTRIBUTIONS	13,552,532	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
TOTAL - PD	13,552,532	0.00	38,140,846	0.00	38,140,846	0.00	0	0.00
GRAND TOTAL	\$13,552,532	0.00	\$38,140,846	0.00	\$38,140,846	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$8,836,589	0.00	\$25,015,818	0.00	\$25,015,818	0.00		0.00
OTHER FUNDS	\$4,715,943	0.00	\$13,125,028	0.00	\$13,125,028	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.720

Program Name: IGT Safety Net Hospitals

Program is found in the following core budget(s): IGT Safety Net Hospitals

1a. What strategic priority does this program address?

Maintain quality hospital care

1b. What does this program do?

Federal Medicaid regulation (42 CFR 433.51) established in 2010 allows state and local governmental units (including public providers) to transfer funds to the state as the non-federal share of Medicaid payments. These transfers are called intergovernmental transfers (IGTs). This funding maximizes eligible costs for federal Medicaid funds, utilizing current state and local funding sources as match for services.

The following state owned/operated hospitals are eligible for payment from this appropriation:

- Metropolitan St. Louis Psychiatric Center;
- Center for Behavioral Medicine (formerly known as Western Missouri Mental Health Center);
- Hawthorne Children's Psychiatric Hospital;
- Northwest Missouri Psychiatric Rehabilitation Center;
- Fulton State Hospital;
- Southeast Missouri Mental Health Center; and
- St. Louis Psychiatric Rehabilitation Center.

The following public hospitals are eligible for payment from this appropriation:

- University of Missouri Hospital and Clinics;
- Truman Medical Center – Hospital Hill; and
- Truman Medical Center – Lakewood.

Reimbursement Methodology

Under the IGT process, hospitals transfer the non-federal share of payments to the state prior to payments being made. The state pays out the total claimable amount including both the federal and non-federal share. The state demonstrates that the non-federal share of the payments is transferred to, and under the administrative control, of the MO HealthNet Division before the total computable payment is made to the hospitals.

Additional Details

To qualify as a safety net hospital, entities must meet the following requirements as specified in 13 CSR 70-15.010(6)(B):

- Meet obstetrician requirements; and
- Have a Medicaid inpatient utilization rate (MIUR) at least one standard deviation above the state's mean MIUR or a low-income utilization rate (LIUR) greater than 25%; and
- Have an unsponsored care ratio of at least 65% and licensed for less than 50 inpatient beds; or
- Have an unsponsored care ratio of at least 65% and licensed for 50 inpatient beds or more, and have an occupancy rate greater than 40%; or
- Be owned or operated by the University of Missouri Board of Curators; or
- Be a public hospital operated by the Department of Mental Health.

This program is exempt from performance measures as it is an IGT transfer.

PROGRAM DESCRIPTION

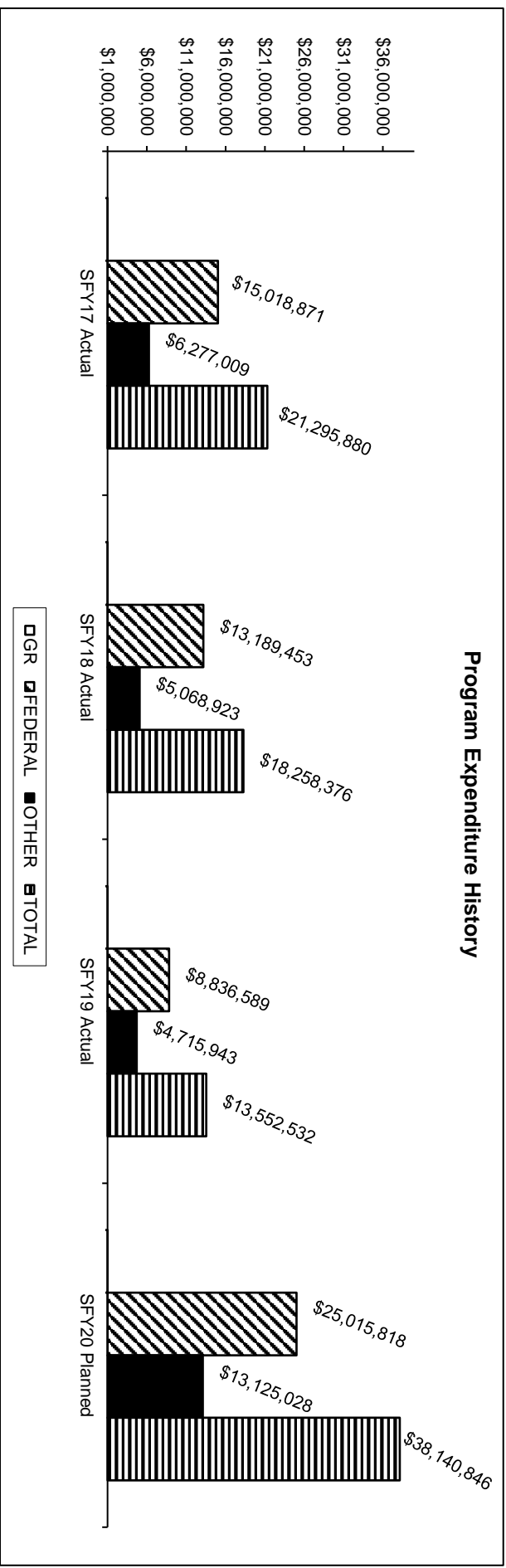
Department: Social Services

Program Name: IGT Safety Net Hospitals

HB Section(s): 11.720

Program is found in the following core budget(s): IGT Safety Net Hospitals

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Department of Social Services Intergovernmental Transfer Fund (0139)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(n). Federal Regulations: 42 CFR 433.51 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Children's Health Insurance Program (CHIP)

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Children's Health Insurance Program (CHIP)

Budget Unit: 90556C

HB Section: 11.725

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	14,220,493	69,771,887	7,719,204	91,711,584
TRF				
Total	14,220,493	69,771,887	7,719,204	91,711,584
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
 Federal Reimbursement Allowance Fund (FRA) (0142) - \$7,719,204

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item funds health care services provided to certain children age 18 and under who exceed the eligibility limits of traditional MO HealthNet coverage and would otherwise be uninsured. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet population.

3. PROGRAM LISTING (list programs included in this core funding)

Children's Health Insurance Program (CHIP)

CORE DECISION ITEM

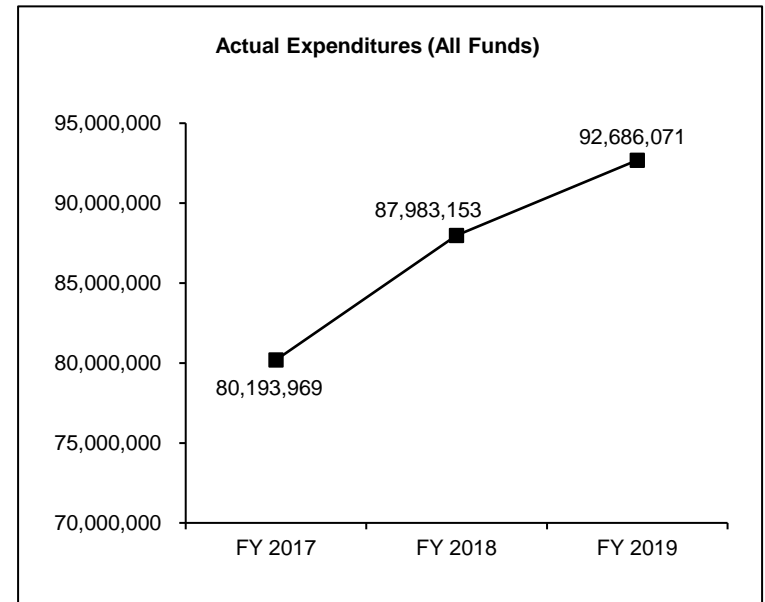
Department: Social Services
Division: MO HealthNet
Core: Children's Health Insurance Program (CHIP)

Budget Unit: 90556C

HB Section: 11.725

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	92,752,778	88,038,828	92,686,072	91,711,584
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	92,752,778	88,038,828	92,686,072	91,711,584
Actual Expenditures (All Funds)	80,193,969	87,983,153	92,686,071	N/A
Unexpended (All Funds)	12,558,809	55,675	1	N/A
Unexpended, by Fund:				
General Revenue	2,472,753	2,025	0	N/A
Federal	10,086,056	53,650	1	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

- (1) FY17 - No flex was used in FY17, appropriations exceeded expenditures and lapse amounts were core reduced in FY18.
- (2) FY18 - Unexpended funds include \$2,012,000 GR and \$3,467,870 Fed that was used as flex to cover other program expenditures.
- (3) FY19 - \$175,251 GR and \$917,693 Fed was flexed in to cover program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S HEALTH INS PROGRAM**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	14,220,493	69,771,887	7,719,204	91,711,584	
	Total	0.00	14,220,493	69,771,887	7,719,204	91,711,584	
<hr/>							
DEPARTMENT CORE REQUEST	PD	0.00	14,220,493	69,771,887	7,719,204	91,711,584	
	Total	0.00	14,220,493	69,771,887	7,719,204	91,711,584	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	PD	0.00	14,220,493	69,771,887	7,719,204	91,711,584	
	Total	0.00	14,220,493	69,771,887	7,719,204	91,711,584	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
CHILDREN'S HEALTH INS PROGRAM									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	684,800	0.00	0	0.00	0	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	2,114,429	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - EE	2,799,229	0.00	0	0.00	0	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	14,043,567	0.00	14,220,493	0.00	14,220,493	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	68,124,071	0.00	69,771,887	0.00	69,771,887	0.00	0	0.00	
FEDERAL REIMBURSEMENT ALLOWANCE	7,719,204	0.00	7,719,204	0.00	7,719,204	0.00	0	0.00	
TOTAL - PD	89,886,842	0.00	91,711,584	0.00	91,711,584	0.00	0	0.00	
TOTAL	92,686,071	0.00	91,711,584	0.00	91,711,584	0.00	0	0.00	
MHD CTC - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	958,578	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	2,449,075	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	3,407,653	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	3,407,653	0.00	0	0.00	
MC Actuarial Increase - 1886004									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	1,337,955	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	4,227,580	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	5,565,535	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	5,565,535	0.00	0	0.00	
MC Health Insurer Fee - 1886005									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	353,362	0.00	0	0.00	

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
MC Health Insurer Fee - 1886005								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,116,531	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	1,469,893	0.00	0	0.00
TOTAL	0	0.00	0	0.00	1,469,893	0.00	0	0.00
GRAND TOTAL	\$92,686,071	0.00	\$91,711,584	0.00	\$102,154,665	0.00	\$0	0.00

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90556C BUDGET UNIT NAME: Children's Health Insurance Program (CHIP) HOUSE BILL SECTION: 11.725	DEPARTMENT: Social Services DIVISION: MO HealthNet								
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.									
DEPARTMENT REQUEST									
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; text-align: right;">Total</td> <td style="width: 15%; text-align: right;">% Flex</td> <td style="width: 15%; text-align: right;">Flex Amount</td> <td style="width: 55%;"></td> </tr> <tr> <td style="text-align: right;">\$102,154,665</td> <td style="text-align: right;">10%</td> <td style="text-align: right;">\$10,215,467</td> <td>Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.</td> </tr> </table>		Total	% Flex	Flex Amount		\$102,154,665	10%	\$10,215,467	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.
Total	% Flex	Flex Amount							
\$102,154,665	10%	\$10,215,467	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.						
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.									
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED							
\$0	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21							
3. Please explain how flexibility was used in the prior and/or current years.									
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE								
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.								

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
CORE								
SUPPLIES	2,799,229	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	2,799,229	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	89,886,842	0.00	91,711,584	0.00	91,711,584	0.00	0	0.00
TOTAL - PD	89,886,842	0.00	91,711,584	0.00	91,711,584	0.00	0	0.00
GRAND TOTAL	\$92,686,071	0.00	\$91,711,584	0.00	\$91,711,584	0.00	\$0	0.00
GENERAL REVENUE	\$14,728,367	0.00	\$14,220,493	0.00	\$14,220,493	0.00		0.00
FEDERAL FUNDS	\$70,238,500	0.00	\$69,771,887	0.00	\$69,771,887	0.00		0.00
OTHER FUNDS	\$7,719,204	0.00	\$7,719,204	0.00	\$7,719,204	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.725

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

1a. What strategic priority does this program address?

Transform Medicaid to ensure healthy, safe, and productive lives

1b. What does this program do?

Effective May 1, 2017, Managed Care was geographically extended statewide. All children are mandatorily enrolled in MO HealthNet Managed Care but may opt out and receive their services through fee-for-service under certain circumstances. The Children's Health Insurance Program (CHIP) Title XXI funds are utilized for this expanded MO HealthNet population. Services provided under the CHIP program are reimbursed individually under the fee-for-service program or through a monthly capitation rate paid to the MO HealthNet Managed Care health plans that contract with the state. This integration was made possible through the passage of Senate Bill 632 (1998).

Eligibility requirements are:

- A child who is under 19 years of age;
- Family income below 300% of the federal poverty level (FPL);
- Uninsured for ninety (90) days or more; and
- No access to other health insurance coverage for less than \$81 to \$200 per month during SFY20 based on family size and income.

Program Objectives:

- Increase the number of children in Missouri who have access to a regular source of health care coverage
- Encourage the use of health care services in appropriate settings
- Ensure adequate supply of providers
- Encourage preventative services for children
- Increase use of Early and Periodic Screening Diagnosis Treatment (EPSDT) services, also know as the Healthy Children and Youth (HCY) program, for children

Rate History

See fee-for-service program tabs (physician, dental, rehab, etc.) for relevant rate history.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.725

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

Most children under CHIP receive health benefits through the MO HealthNet Managed Care health plans. MO HealthNet must maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. Federal Regulation 42 CFR 438-Managed Care and State Authority 208.166, RSMo., require capitation payments made on behalf of managed care participants be actuarially sound.

The following are the prior year CHIP managed care actuarial increases received:

FY 2020 \$7,874,315 (5.6% actuarial increase related to increases in utilization and cost components)

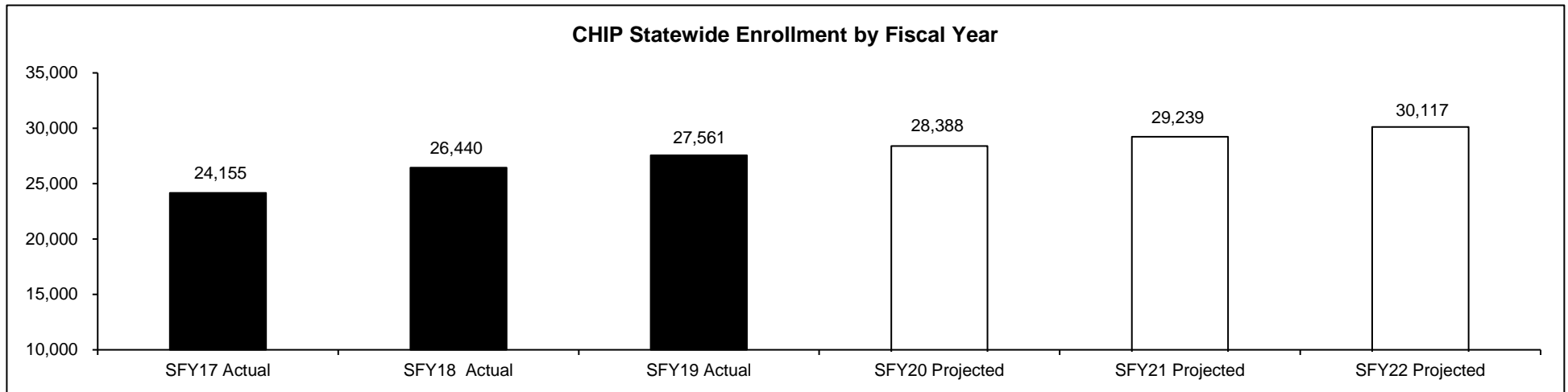
FY 2019 \$0 (A rate increase was not funded in FY 2019)

FY 2018 \$236,298

FY 2017 \$506,848

FY 2016 \$1,938,497

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total CHIP enrollment by fiscal year. These children would be uninsured without CHIP coverage.

Note 2: FY 2020 Base is a 1% increase from the prior FY Actual. FY2021 and FY2022 Base is also a 1% increase over the prior fiscal year projection.

PROGRAM DESCRIPTION

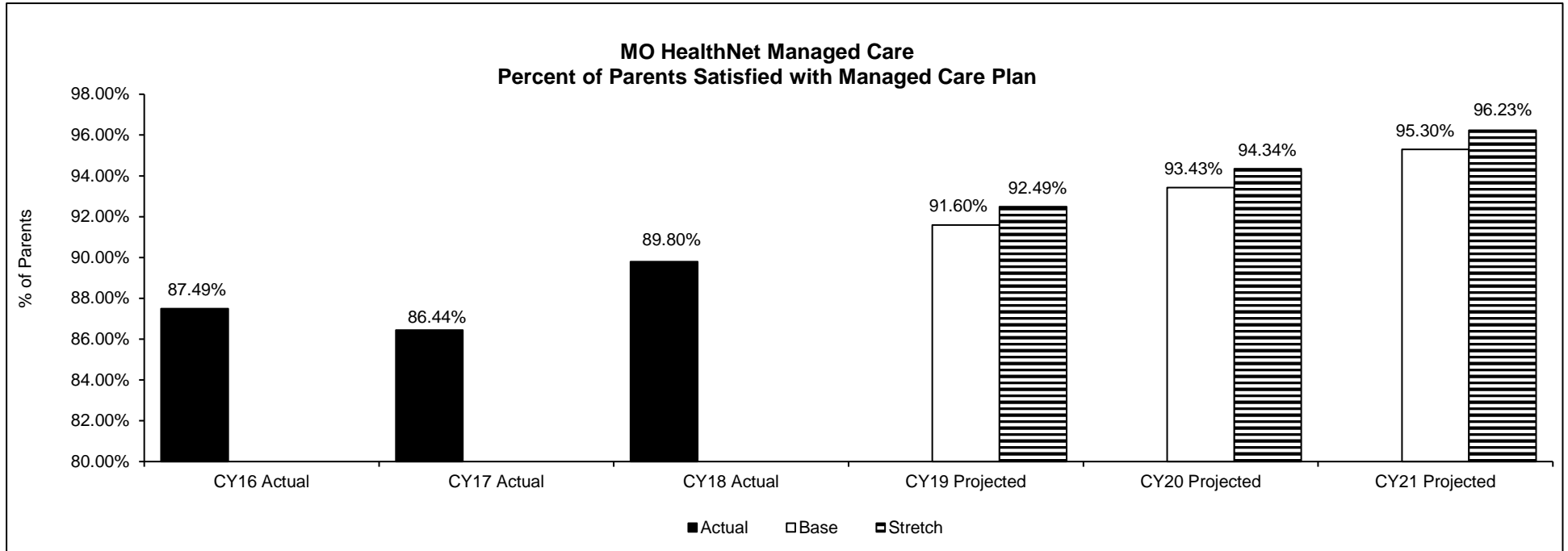
Department: Social Services

HB Section(s): 11.725

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2b. Provide a measure(s) of the program's quality.



Note 1: Measure evaluates the number of participants indicating 8, 9, or 10 in their satisfaction with the program. Scale is based on 0 to 10 with 0 being the worst care and 10 being the best care possible.

Note 2: Base is a 2% increase from the prior CY Actual. Stretch is a 3% increase from the prior CY Actual.

PROGRAM DESCRIPTION

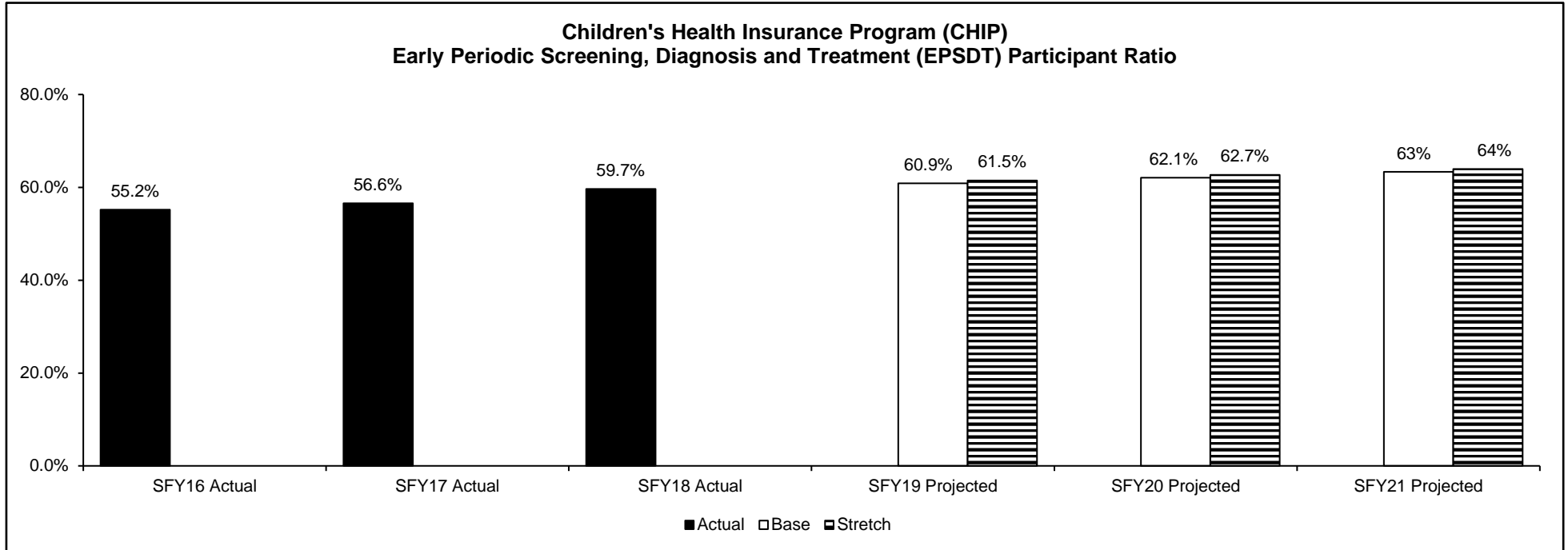
Department: Social Services

HB Section(s): 11.725

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2c. Provide a measure(s) of the program's impact.



Note 1: Chart depicts the percentage of CHIP children who received at least one initial or periodic screening with those that actually did receive the screening.

Note 2: EPSDT is important because regular health and developmental exams keep children healthy and prevent illness and disability. An increased EPSDT ratio would be beneficial in terms of child health outcomes as well as by reducing MO HealthNet costs associated with treating serious preventable conditions over time.

Note 3: Base is a 2% increase from the prior SFY Actual. Stretch is a 3% increase from the prior SFY Actual.

Note 4: SFY19 data is not available until Fall 2019.

PROGRAM DESCRIPTION

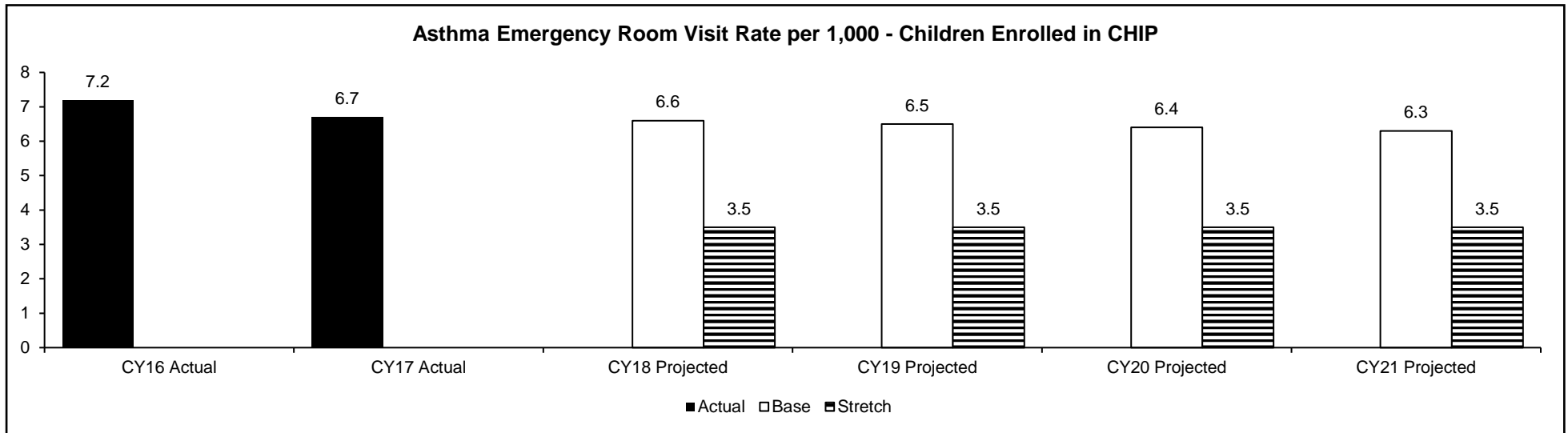
Department: Social Services

HB Section(s): 11.725

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

2d. Provide a measure(s) of the program's efficiency.



Note 1: On average, each Emergency Room (ER) visit for asthma costs \$639, compared to only \$87 for a visit to a Primary Care Physician; \$552 is saved for each ER visit avoided.

Note 2: In 2017, there were 269 ER visits for asthma among CHIP participants, leading to \$147,950 a year in costs that could be avoided if a Primary Care visit had taken place instead of an ER visit. Cost savings will be seen as a result of decreases in asthma related ER visit rates among CHIP participants occurs each year.

Note 3: Base is a 2% decrease from the prior CY Actual. Stretch is based on the 2017 Non-Medicaid Rate.

Note 4: There is a 2 year delay in data. CY18 data will be available in Fall of CY20.

PROGRAM DESCRIPTION

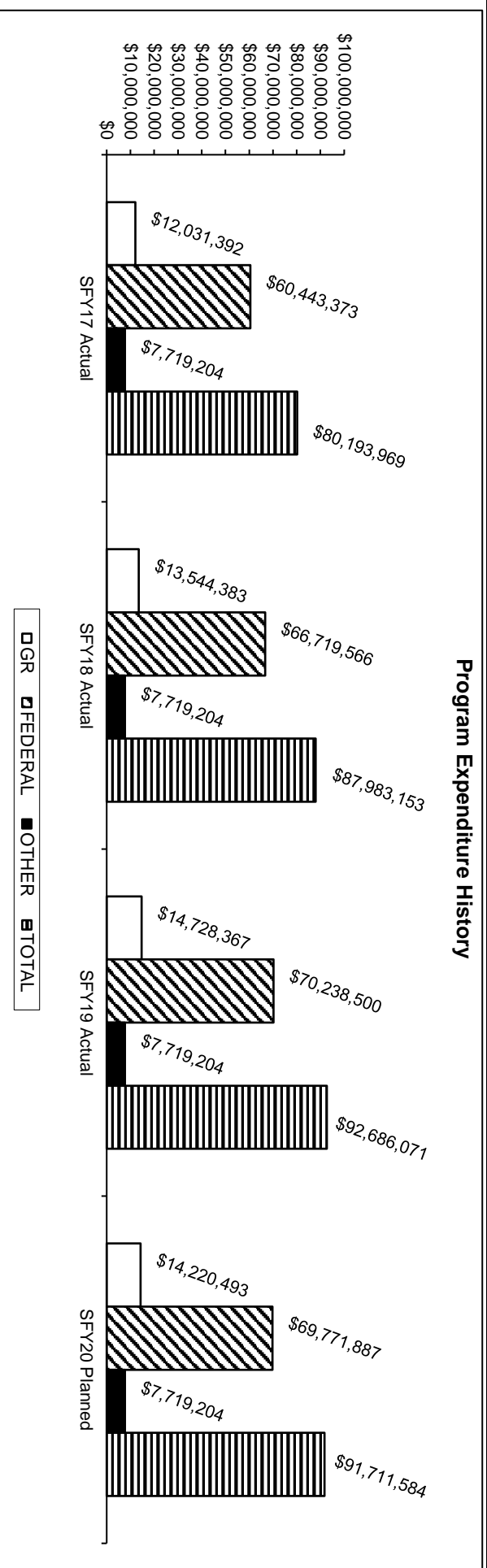
Department: Social Services

HB Section(s): 11.725

Program Name: Children's Health Insurance Program (CHIP)

Program is found in the following core budget(s): Children's Health Insurance Program (CHIP)

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Federal Reimbursement Allowance Fund (0142)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State Statute: Sections 208.631 through 208.657, RSMo; Federal Law: Social Security Act, Title XXI; Federal Regulations: 42 CFR 457.

6. Are there federal matching requirements? If yes, please explain.

In FFY 2020 (October 1, 2019) Children's Health Insurance Program (CHIP) enhanced rate decreased from 23% to 11.5%. The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Show-Me
Healthy Babies

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Show-Me Healthy Babies

Budget Unit: 88855C

HB Section: 11.730

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE	20,000	20,000		40,000
PSD	7,866,217	24,688,924		32,555,141
TRF				
Total	7,886,217	24,708,924	0	32,595,141
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item funds services for targeted low-income unborn children from families with household incomes up to 300% of the Federal Poverty Level (FPL). Services include all prenatal care and pregnancy-related services that benefit the health of the unborn child and that promote healthy labor, delivery, birth, and postpartum care.

3. PROGRAM LISTING (list programs included in this core funding)

Show-Me Healthy Babies

CORE DECISION ITEM

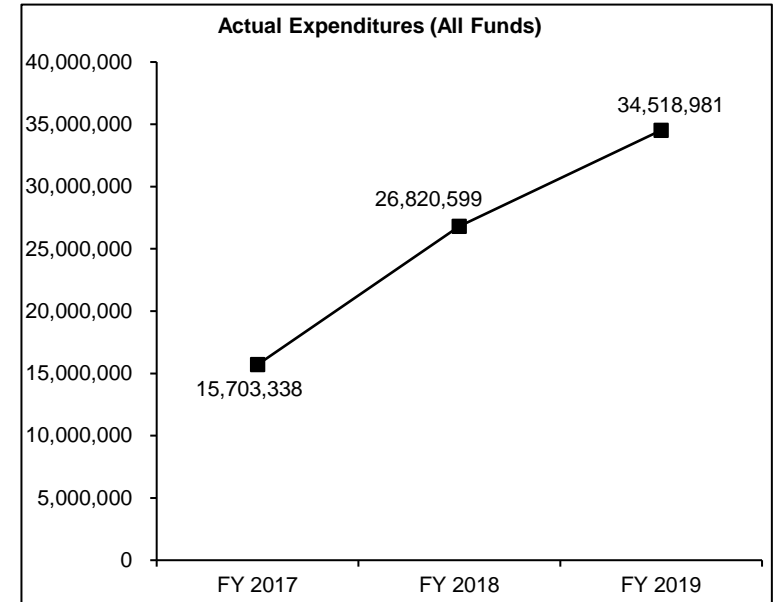
Department: Social Services
Division: MO HealthNet
Core: Show-Me Healthy Babies

Budget Unit: 88855C

HB Section: 11.730

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	19,748,059	28,394,644	34,558,982	32,595,141
Less Reverted (All Funds)	(600)	(600)	(600)	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	19,747,459	28,394,044	34,558,382	32,595,141
Actual Expenditures (All Funds)	15,703,338	26,820,599	34,518,981	N/A
Unexpended (All Funds)	4,044,121	1,573,445	39,401	N/A
Unexpended, by Fund:				
General Revenue	0	388,180	19,400	N/A
Federal	4,044,121	1,185,265	20,001	N/A
Other	0	0	0	N/A
	(1)		(2)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY17 - \$4,168,664 was paid from Managed Care and \$319 was paid from FQHC.

(2) FY19 - \$4,699,597 GR and \$14,159,358 Fed was flexed in to cover program expenditures. \$19,400 was held in Agency Reserve in the General Revenue Fund (0101). \$20,000 was held in Agency Reserve in the Federal Fund (0610).

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES SHOW-ME BABIES

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	20,000	20,000	0	40,000	
	PD	0.00	7,866,217	24,688,924	0	32,555,141	
	Total	0.00	7,886,217	24,708,924	0	32,595,141	
DEPARTMENT CORE REQUEST							
	EE	0.00	20,000	20,000	0	40,000	
	PD	0.00	7,866,217	24,688,924	0	32,555,141	
	Total	0.00	7,886,217	24,708,924	0	32,595,141	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	20,000	20,000	0	40,000	
	PD	0.00	7,866,217	24,688,924	0	32,555,141	
	Total	0.00	7,886,217	24,708,924	0	32,595,141	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
SHOW-ME BABIES									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	20,000	0.00	20,000	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	20,000	0.00	20,000	0.00	0	0.00	
TOTAL - EE	0	0.00	40,000	0.00	40,000	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	8,411,596	0.00	7,866,217	0.00	7,866,217	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	26,107,385	0.00	24,688,924	0.00	24,688,924	0.00	0	0.00	
TOTAL - PD	34,518,981	0.00	32,555,141	0.00	32,555,141	0.00	0	0.00	
TOTAL	34,518,981	0.00	32,595,141	0.00	32,595,141	0.00	0	0.00	
MHD CTC - 1886001									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	943,822	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	3,138,516	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	4,082,338	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	4,082,338	0.00	0	0.00	
MC Actuarial Increase - 1886004									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	130,757	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	413,157	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	543,914	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	543,914	0.00	0	0.00	
MC Health Insurer Fee - 1886005									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	176,512	0.00	0	0.00	

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
MC Health Insurer Fee - 1886005								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	557,732	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	734,244	0.00	0	0.00
TOTAL	0	0.00	0	0.00	734,244	0.00	0	0.00
GRAND TOTAL	\$34,518,981	0.00	\$32,595,141	0.00	\$37,955,637	0.00	\$0	0.00

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 88855C BUDGET UNIT NAME: Show-Me Healthy Babies HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 15%;"> Total \$37,955,637 </td> <td style="text-align: right; width: 15%;"> % Flex 10% </td> <td style="text-align: right; width: 15%;"> Flex Amount \$3,795,564 </td> <td style="width: 55%;"> Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740. </td> </tr> </table>		Total \$37,955,637	% Flex 10%	Flex Amount \$3,795,564	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.
Total \$37,955,637	% Flex 10%	Flex Amount \$3,795,564	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
\$0	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
N/A	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
CORE								
PROFESSIONAL SERVICES	0	0.00	40,000	0.00	40,000	0.00	0	0.00
TOTAL - EE	0	0.00	40,000	0.00	40,000	0.00	0	0.00
PROGRAM DISTRIBUTIONS	34,518,981	0.00	32,555,141	0.00	32,555,141	0.00	0	0.00
TOTAL - PD	34,518,981	0.00	32,555,141	0.00	32,555,141	0.00	0	0.00
GRAND TOTAL	\$34,518,981	0.00	\$32,595,141	0.00	\$32,595,141	0.00	\$0	0.00
GENERAL REVENUE	\$8,411,596	0.00	\$7,886,217	0.00	\$7,886,217	0.00		0.00
FEDERAL FUNDS	\$26,107,385	0.00	\$24,708,924	0.00	\$24,708,924	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

1a. What strategic priority does this program address?

Transform Medicaid to ensure healthy, safe, and productive lives

1b. What does this program do?

Effective January 1, 2016, Missouri established the Show-Me Healthy Babies program, a separate Children's Health Insurance Program (CHIP), for targeted low-income unborn children from families with household incomes up to 300% federal poverty level (FPL).

The unborn child's coverage period begins from the date of application and extends through birth. For the mother of the unborn child, postpartum coverage begins on the day the pregnancy ends and extends through the last day of the month which includes the sixtieth (60th) day after the pregnancy ends. Coverage for the child continues for up to one year after birth, unless otherwise prohibited by law or unless otherwise limited by the Missouri General Assembly through appropriations. The added benefit of Show-Me Healthy Babies is to keep mothers and babies healthy and avoid costly intensive care and long-term consequences of poor prenatal care such as chronic conditions and disabilities.

The program provides eligible unborn children a benefit package of essential, medically necessary health services in order to improve birth outcomes and decrease health problems during pregnancy, infancy, and childhood.

It also increases the number of women eligible for MO HealthNet during pregnancy, allowing access to prenatal and pregnancy services that benefit the health of the unborn child. This access to prenatal care is designed to promote healthy labor, delivery, birth, and postpartum care.

To be eligible for SMHB, pregnant women must meet the following guidelines:

- Self-attestation of pregnancy is accepted when making eligibility determinations and there is no waiting period for coverage to begin
- Household income must be at or below 300% of FPL
- No access to employer insurance or affordable private insurance which includes maternity benefits
- Pregnant woman cannot be eligible for any other MO HealthNet programs (with the exception of Uninsured Women's Health services, Extended Women's Health Services, or Gateway to better Health)

Reimbursement Methodology

Services provided under the Show-Me Healthy Babies Program can be reimbursed individually under the fee-for-service program or through a monthly capitation rate paid to the MO HealthNet Managed Care health plans that contract with the state.

PROGRAM DESCRIPTION

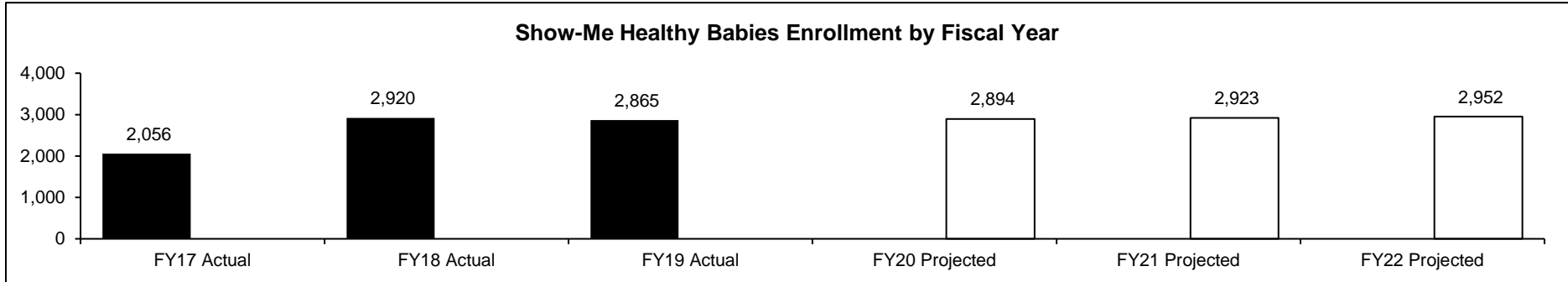
Department: Social Services

HB Section(s): 11.730

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2a. Provide an activity measure(s) for the program.



Note 1: Chart depicts total enrollment in Show-Me Health Babies.

Note 2: Base is a 1% increase from the previous FY.

Note 3: FY 2016 enrollment is lower due to the program beginning in the middle of the fiscal year.

PROGRAM DESCRIPTION

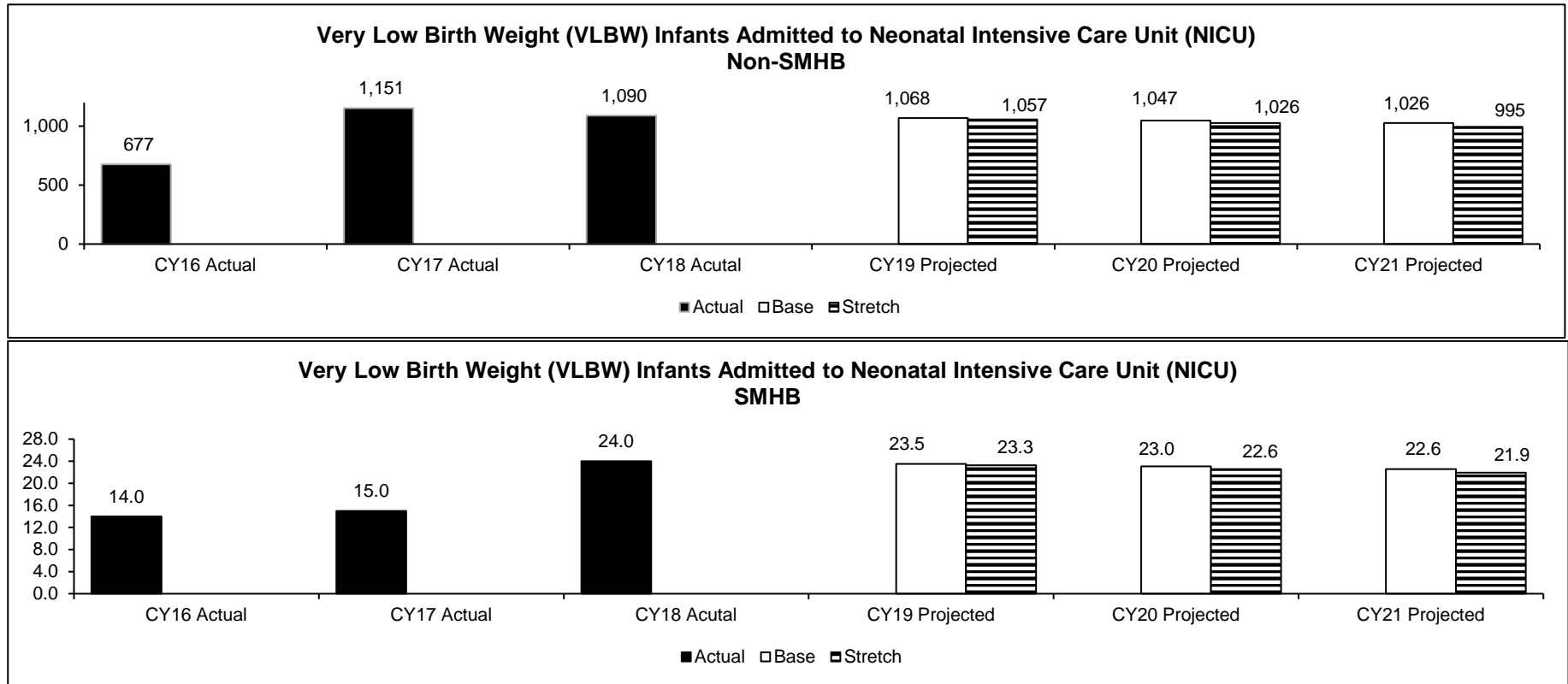
Department: Social Services

HB Section(s): 11.730

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2b. Provide a measure(s) of the program's quality.



Note 1: Chart 1 depicts Non-Show-Me Healthy Babies born with a VLBW (less than 1500 grams).

Note 2: Chart 2 depicts Show-Me Healthy Babies born with a VLBW (less than 1500 grams).

Note 3: CY 2016 information is lower due to the implementation of the program. Data increased in preceding years due to a larger enrollment population.

Note 4: Based on actuarial analysis, the healthcare costs in the first year of life for a VLBW infant is on average 40 times higher than the MO HealthNet population as a whole. In 2018, among 1,753 Show-Me Healthy Babies deliveries, only 1.37% were VLBW. Cost savings will be calculated for participants in the Show-Me Healthy Babies Program due to the availability of prenatal care as the program grows. Benchmarks and targets will be established as more information becomes available. The overall goal is to enroll women eligible for SMHB earlier to prevent more VLBW deliveries and NICU admissions.

PROGRAM DESCRIPTION

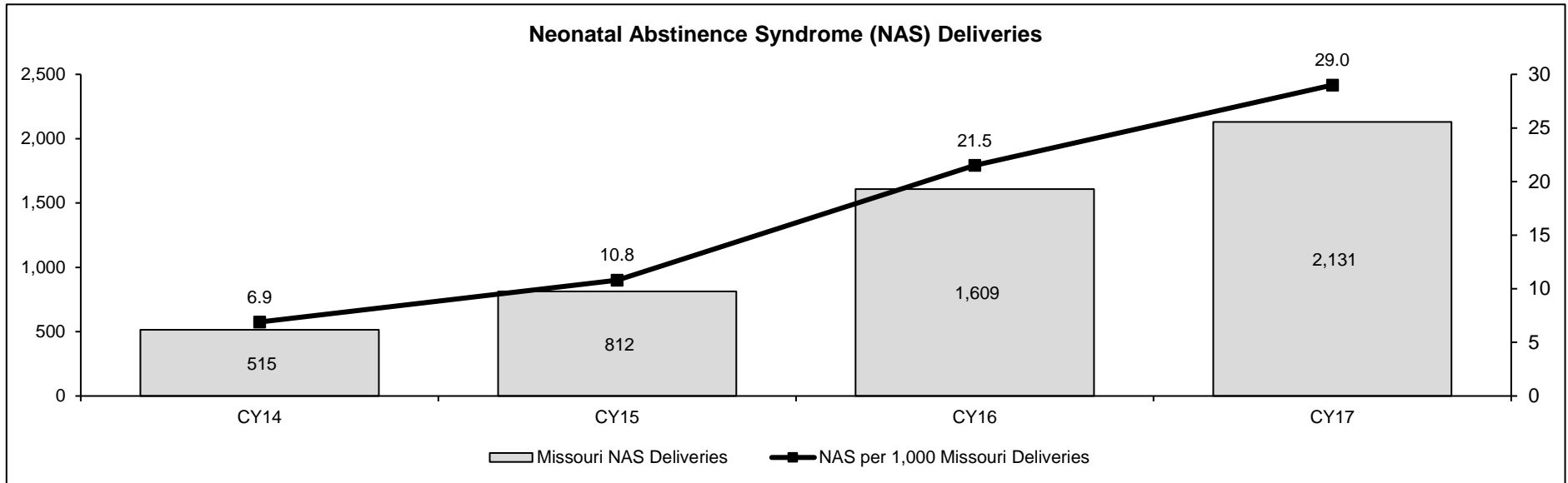
Department: Social Services

HB Section(s): 11.730

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2c. Provide a measure(s) of the program's impact.



Note 1: Chart depicts Missouri Neonatal Abstinence Syndrome (NAS) deliveries in Missouri.

Note 2: NAS occurs when babies are born addicted to certain drugs and is associated with the opioid epidemic. These infants are at a risk for low birth weight, being born prematurely, and often needed to be admitted to a Neonatal Intensive Care Unit.

Note 3: Show-Me Health Babies began in 2016 and will help address the increase in NAS by providing prenatal care to mothers who would otherwise not have health coverage. The increase in counts/rates between 2015 and 2016 was due to the ICD coding system change that occurred at the that time.

Note 4: CY18 data not available until Spring 2020.

PROGRAM DESCRIPTION

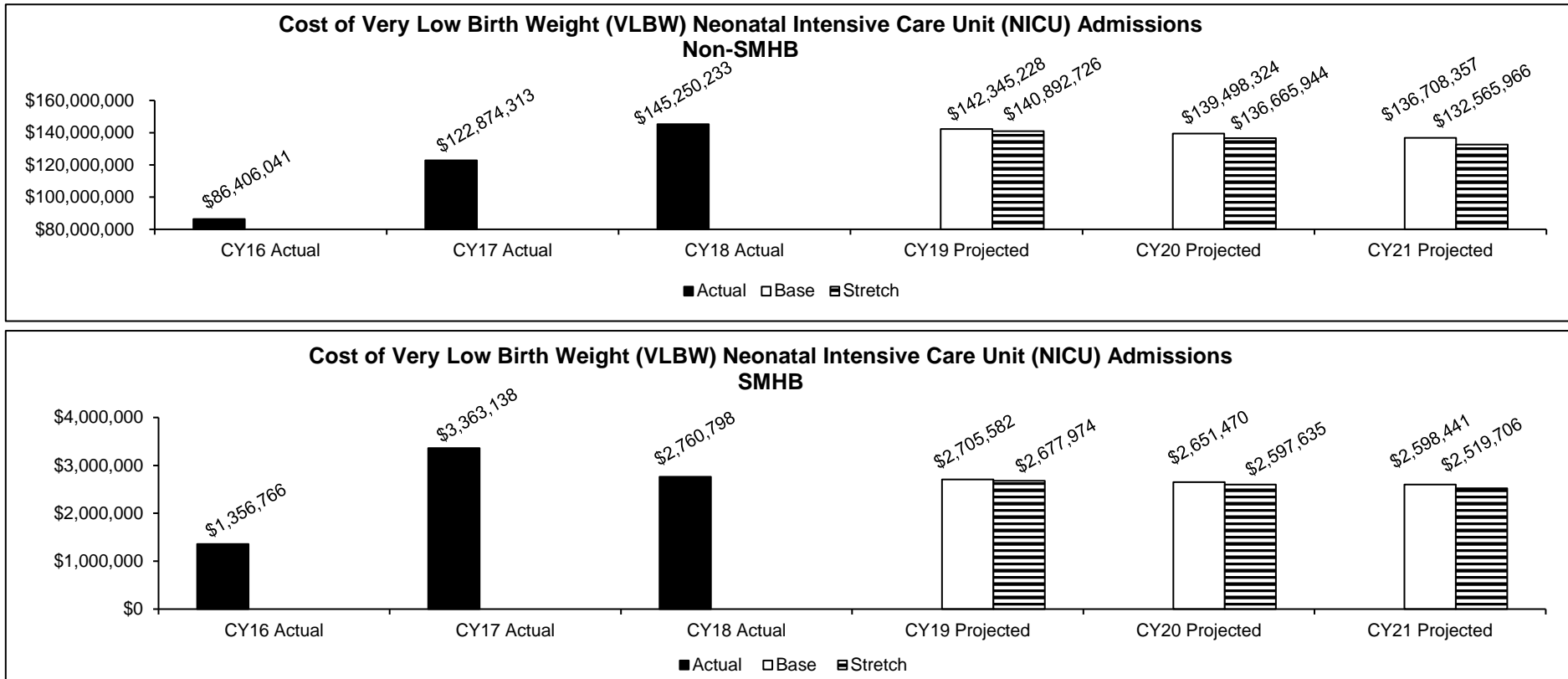
Department: Social Services

HB Section(s): 11.730

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

2d. Provide a measure(s) of the program's efficiency.



Note 1: Chart 1 depicts the cost of Non-Show-Me Health Babies born with a VLBW (less than 1500 grams).

Note 2: Chart 2 depicts the cost of Show-Me Health Babies born with a VLBW (less than 1500 grams).

Note 3: CY 2016 cost was low due to the implementation of the program. As enrollment grew in preceding years, the cost did also.

Note 4: Based on actuarial analysis, the healthcare costs in the first year of life for a VLBW infant is on average 40 times higher than the MO HealthNet population as a whole. In 2016, among 815 Show-Me Healthy Babies deliveries, only 1.7% were VLBW. Cost savings will be calculated for participants in the Show-Me Healthy Babies Program due to the availability of prenatal care as the program grows. Benchmarks and targets will be established as more information becomes available. The overall goal is to enroll women eligible for SMHB earlier to prevent more VLBW deliveries and NICU admissions.

PROGRAM DESCRIPTION

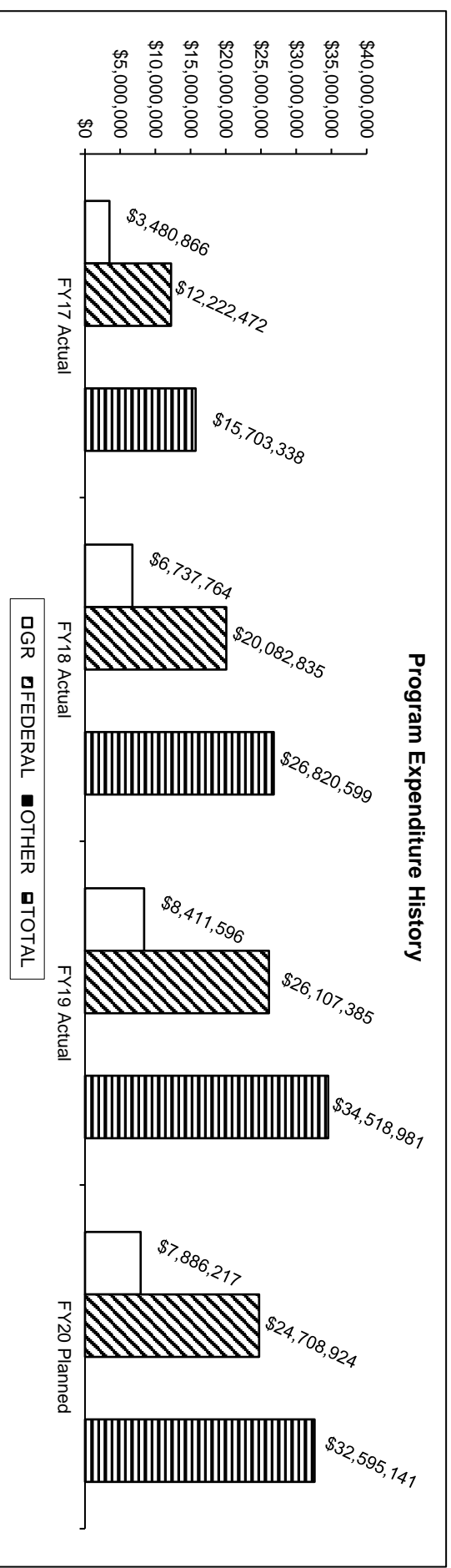
Department: Social Services

Program Name: Show Me Healthy Babies (SMHB)

Program is found in the following core budget(s): Show-Me Healthy Babies (SMHB)

HB Section(s): 11.730

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State Statute: Section 208.662, RSMo. Federal law: Social Security Act, Title XXI. Federal Regulations: 42 CFR 457.10.

6. Are there federal matching requirements? If yes, please explain.

In FFY 2020 (October 1, 2019) Children's Health Insurance Program (CHIP) enhanced rate decreased from 23% to 11.5%. The Bipartisan Budget Act of 2018 (February 2018) continued CHIP funding at the regular enhanced rate through 2027.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - School District Medicaid Claiming

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: School District Medicaid Claiming

Budget Unit: 90569C

HB Section: 11.735

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	242,525	41,653,770		41,896,295
TRF				
Total	242,525	41,653,770	0	41,896,295
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
--------------------	---	---	---	---

Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This item funds payments for School District Administrative Claiming (SDAC) and Individualized Education Plan (IEP) school-based health services (SBHS).

3. PROGRAM LISTING (list programs included in this core funding)

School-based administrative and school-based early and periodic screening, diagnostic, and treatment (EPSDT) services.

CORE DECISION ITEM

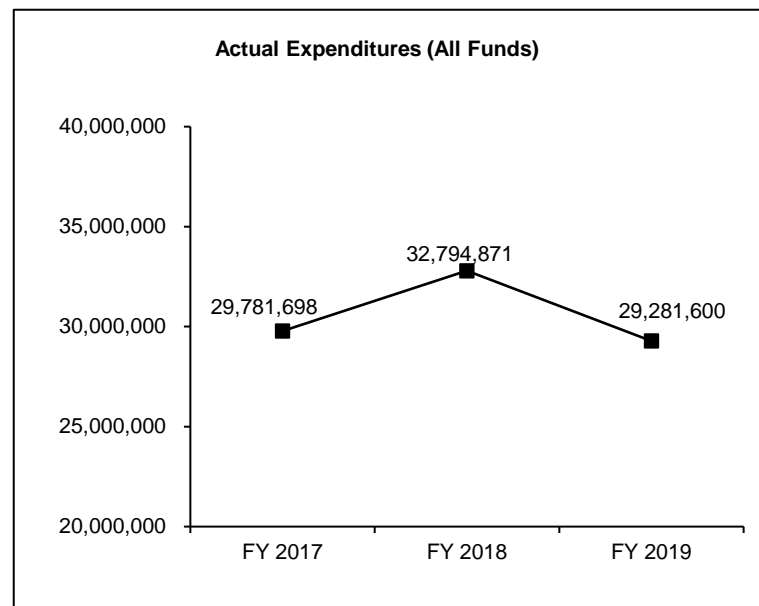
Department: Social Services
Division: MO HealthNet
Core: School District Medicaid Claiming

Budget Unit: 90569C

HB Section: 11.735

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	34,896,295	34,896,295	34,896,295	41,896,295
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	34,896,295	34,896,295	34,896,295	41,896,295
Actual Expenditures (All Funds)	29,781,698	32,794,871	29,281,600	N/A
Unexpended (All Funds)	5,114,597	2,101,424	5,614,695	N/A
Unexpended, by Fund:				
General Revenue	53,710	72,841	62,759	N/A
Federal	5,060,887	2,028,583	5,551,936	N/A
Other	0	0	0	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
SCHOOL DISTRICT CLAIMING**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	PD	0.00	242,525	41,653,770	0	41,896,295	
	Total	0.00	242,525	41,653,770	0	41,896,295	
<hr/>							
DEPARTMENT CORE REQUEST	PD	0.00	242,525	41,653,770	0	41,896,295	
	Total	0.00	242,525	41,653,770	0	41,896,295	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	PD	0.00	242,525	41,653,770	0	41,896,295	
	Total	0.00	242,525	41,653,770	0	41,896,295	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SCHOOL DISTRICT CLAIMING								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	179,766	0.00	242,525	0.00	242,525	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	29,101,834	0.00	41,653,770	0.00	41,653,770	0.00	0	0.00
TOTAL - PD	29,281,600	0.00	41,896,295	0.00	41,896,295	0.00	0	0.00
TOTAL	29,281,600	0.00	41,896,295	0.00	41,896,295	0.00	0	0.00
GRAND TOTAL	\$29,281,600	0.00	\$41,896,295	0.00	\$41,896,295	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SCHOOL DISTRICT CLAIMING								
CORE								
PROGRAM DISTRIBUTIONS	29,281,600	0.00	41,896,295	0.00	41,896,295	0.00	0	0.00
TOTAL - PD	29,281,600	0.00	41,896,295	0.00	41,896,295	0.00	0	0.00
GRAND TOTAL	\$29,281,600	0.00	\$41,896,295	0.00	\$41,896,295	0.00	\$0	0.00
GENERAL REVENUE	\$179,766	0.00	\$242,525	0.00	\$242,525	0.00		0.00
FEDERAL FUNDS	\$29,101,834	0.00	\$41,653,770	0.00	\$41,653,770	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.735

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

1a. What strategic priority does this program address?

Reimbursement to school districts for Medicaid related health services

1b. What does this program do?

This program allows school districts to obtain Medicaid funding for School District Administrative Claiming (SDAC) administrative activities that support direct services and for direct services that are offered to children in the school district. Administrative activities include outreach to Medicaid and the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program benefit, also known as Health Children and Youth (HCY) program; referrals made for health services; and coordinating health services for students. Direct services are limited to physical, occupational, and speech therapy services; audiology; personal care; private duty nursing; and behavioral health services that are identified in an Individualized Education Plan for school age children.

Public and charter schools recognized by the Department of Elementary and Secondary Education (DESE) are eligible to participate in SDAC and direct services. A cooperative agreement must be in place between the MO HealthNet Division and the school district in order to participate in SDAC and direct services. The school district must be a MO HealthNet enrolled provider in order to participate in direct services.

PROGRAM DESCRIPTION

Department: Social Services

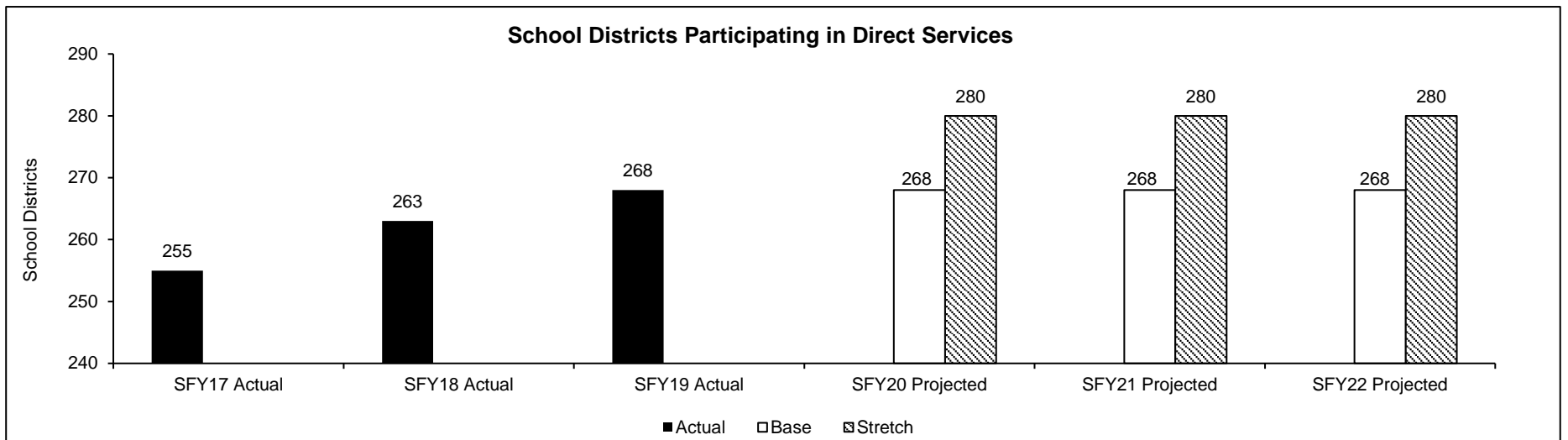
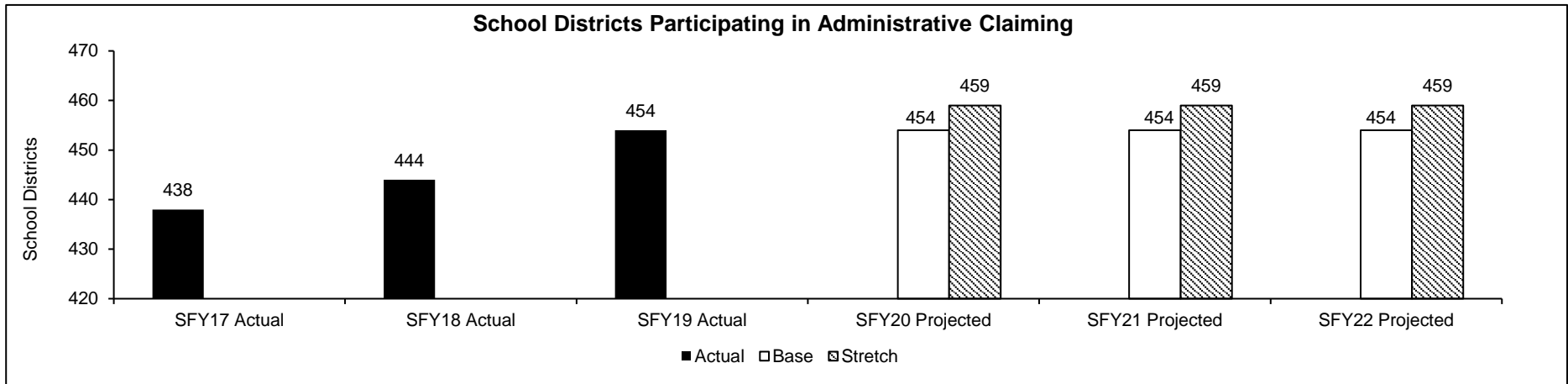
HB Section(s): 11.735

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

2a. Provide an activity measure(s) for the program.

As a result of allowing schools to receive reimbursement, 454 school districts are currently participating in SDAC and 268 school districts are enrolled to participate in direct services.



PROGRAM DESCRIPTION

Department: Social Services

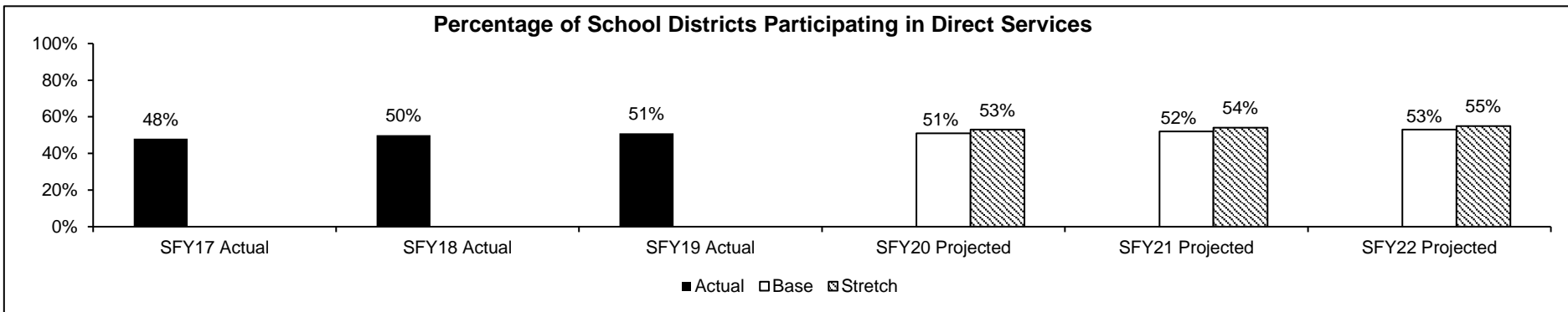
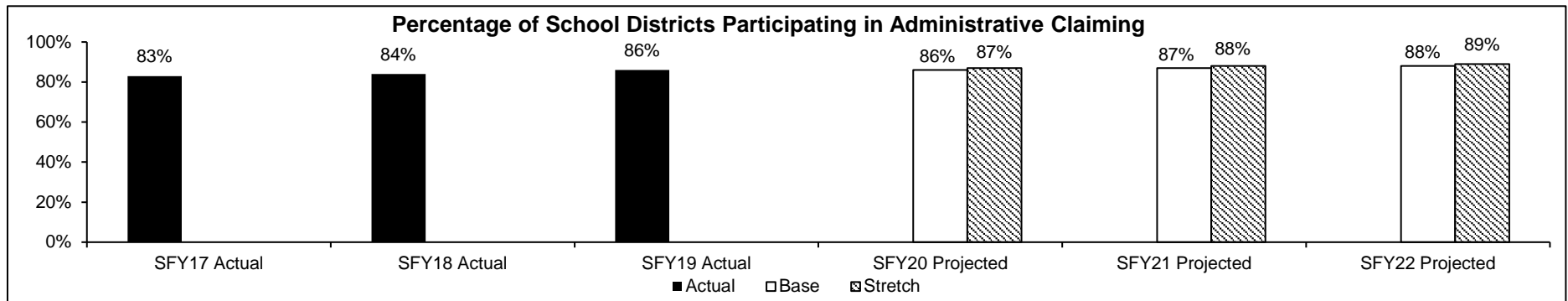
HB Section(s): 11.735

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

2b. Provide a measure(s) of the program's quality.

According to the Missouri School Board Association, the MO HealthNet Division (MHD), in strong partnership with Missouri schools, works cooperatively to ensure health care needs are met so that children can learn. School District Administrative Claiming (SDAC), Non-Emergency Medical Transportation (NEMT) and designated medical services received by students with disabilities (Direct Services) are three programs under MHD that partially reimburse school districts for providing medical services to otherwise qualified children, without impacting the state's general revenue. According to the Missouri School Board Association, access to quality medical services and revenue to support those services is vital to children and to the schools that serve them as it allows children with health care needs to attend school and to achieve at a level commensurate with their peers, without adversely impacting the overall quality of education in the district.



PROGRAM DESCRIPTION

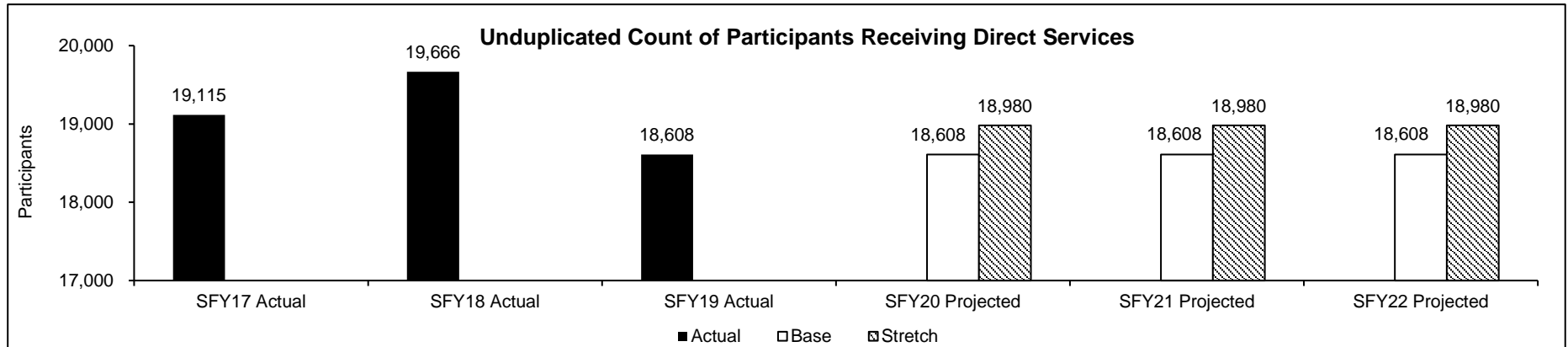
Department: Social Services

HB Section(s): 11.735

Program Name: School District Medicaid Claiming

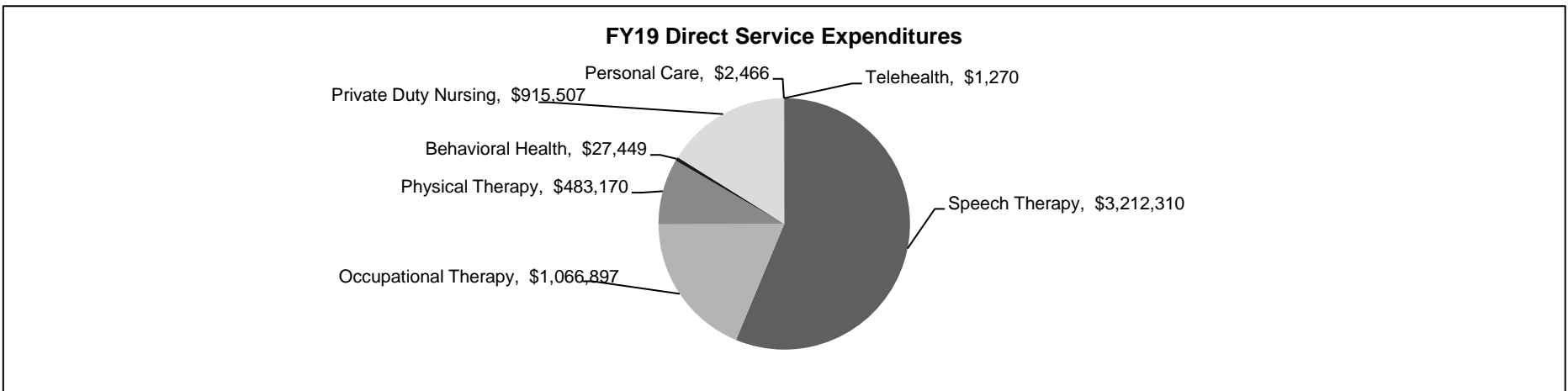
Program is found in the following core budget(s): School District Medicaid Claiming

2c. Provide a measure(s) of the program's impact.



2d. Provide a measure(s) of the program's efficiency.

School districts are responsible for the state match and the MO HealthNet Division will draw down the federal match. Administrative activities provided through the SDAC program allow the school to assist with eligibility outreach, coordination, and referrals for improved health care for students. Direct services allow the student to receive necessary medical services to be successful in the school setting.



PROGRAM DESCRIPTION

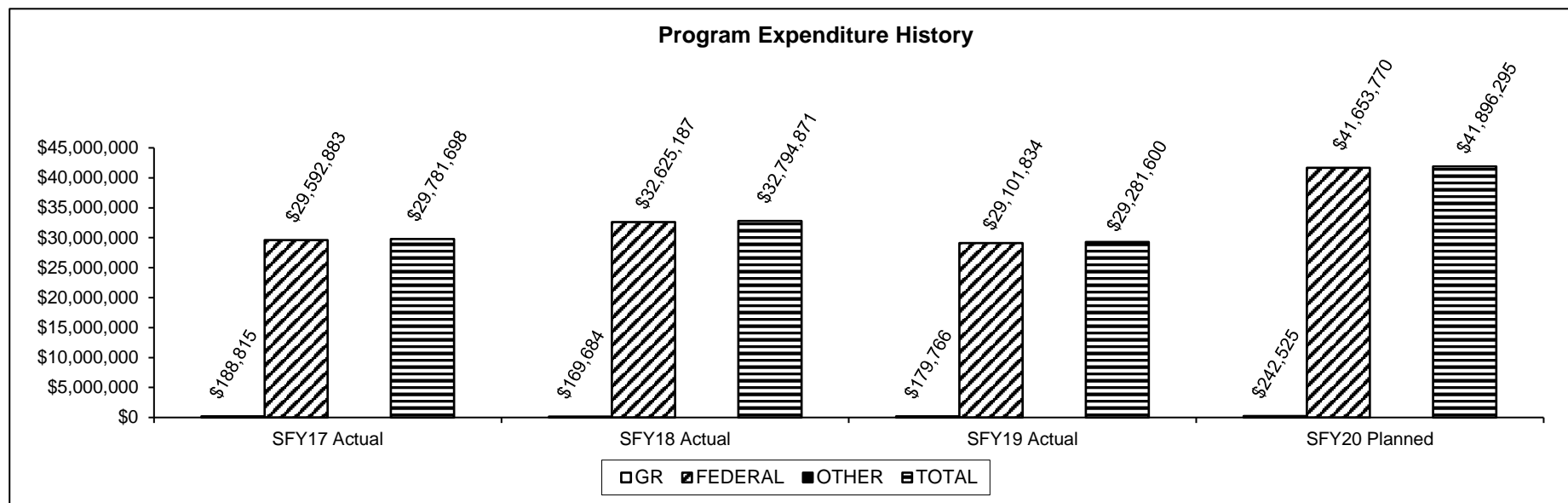
Department: Social Services

HB Section(s): 11.735

Program Name: School District Medicaid Claiming

Program is found in the following core budget(s): School District Medicaid Claiming

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal regulation: 42 CFR 441.50 and 441.55-441.60.

6. Are there federal matching requirements? If yes, please explain.

Medicaid allowable services provided by school districts receive a federal medical assistance percentage (FMAP) on expenditures. Administrative expenditures earn a 50% federal match and the state matching requirement is 50%. Direct services earn Missouri's FMAP. The FMAP fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Blind Pension Medical

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Blind Pension Medical

Budget Unit: 90573C

HB Section: 11.740

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD	22,603,920			22,603,920
TRF				
Total	22,603,920	0	0	22,603,920
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item funds a state-only health care benefit for Blind Pension participants who do not qualify for Title XIX Medicaid.

3. PROGRAM LISTING (list programs included in this core funding)

Blind Pension Medical

CORE DECISION ITEM

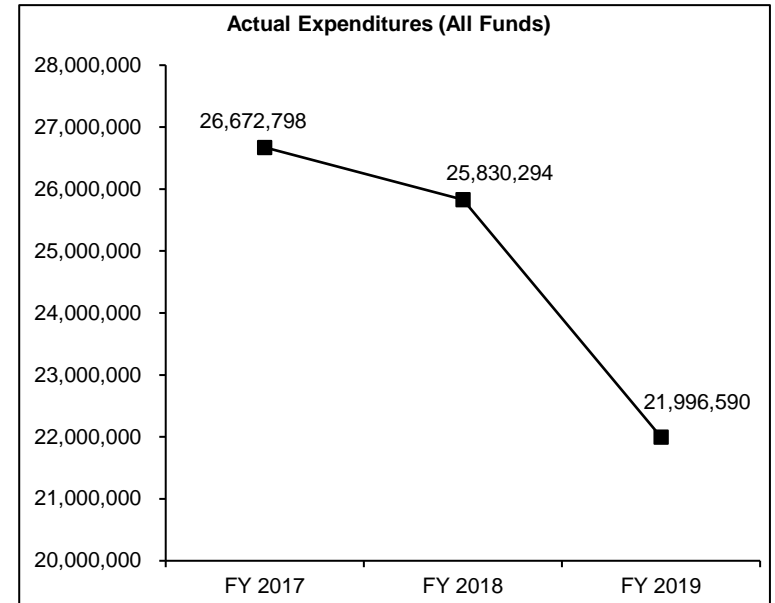
Department: Social Services
Division: MO HealthNet
Core: Blind Pension Medical

Budget Unit: 90573C

HB Section: 11.740

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	26,672,798	25,830,294	22,736,262	22,815,549
Less Reverted (All Funds)	0	0	(739,672)	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	26,672,798	25,830,294	21,996,590	22,815,549
Actual Expenditures (All Funds)	26,672,798	25,830,294	21,996,590	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
		(1)	(2)	



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY18 - \$842,504 GR was used as flex to cover other program expenditures.

(2) FY19 - \$1,919,476 GR was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES BLIND PENSION MEDICAL BENEFITS

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	22,815,549	0	0	22,815,549	
Total					0.00	22,815,549	0	0	22,815,549	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	582	8416	PD	0.00	(211,629)		0	0	(211,629)	Core Reduction due to estimated lapse.
NET DEPARTMENT CHANGES					0.00	(211,629)	0	0	(211,629)	
DEPARTMENT CORE REQUEST										
				PD	0.00	22,603,920	0	0	22,603,920	
Total					0.00	22,603,920	0	0	22,603,920	
GOVERNOR'S RECOMMENDED CORE										
				PD	0.00	22,603,920	0	0	22,603,920	
Total					0.00	22,603,920	0	0	22,603,920	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
BLIND PENSION MEDICAL BENEFITS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	21,996,590	0.00	22,815,549	0.00	22,603,920	0.00	0	0.00
TOTAL - PD	21,996,590	0.00	22,815,549	0.00	22,603,920	0.00	0	0.00
TOTAL	21,996,590	0.00	22,815,549	0.00	22,603,920	0.00	0	0.00
GRAND TOTAL	\$21,996,590	0.00	\$22,815,549	0.00	\$22,603,920	0.00	\$0	0.00

9/16/19 15:14

im_disummary

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90573C BUDGET UNIT NAME: Blind Pension Medical HOUSE BILL SECTION: 11.740	DEPARTMENT: Social Services DIVISION: MO HealthNet				
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.					
DEPARTMENT REQUEST					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 20%;"> Total \$22,603,920 </td> <td style="text-align: center; width: 10%;"> % Flex 10% </td> <td style="text-align: center; width: 20%;"> Flex Amount \$2,260,392 </td> <td style="width: 50%;"> Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740. </td> </tr> </table>		Total \$22,603,920	% Flex 10%	Flex Amount \$2,260,392	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.
Total \$22,603,920	% Flex 10%	Flex Amount \$2,260,392	Not more than ten percent (10%) flexibility is requested between sections 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.		
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.					
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED			
\$2,400,000	HB11 language allows up to 10% flexibility between 11.630, 11.645, 11.650, 11.655, 11.660, 11.675, 11.680, 11.685, 11.690, 11.695, 11.710, 11.725, 11.730, and 11.740.	10% flexibility is being requested for FY21			
3. Please explain how flexibility was used in the prior and/or current years.					
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE				
Flex was used to cover shortfalls in Hospital payments until the Supplemental was received.	Flexibility allows continued service without disrupting or delaying benefits and allows the funding of the Medicaid program.				

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
BLIND PENSION MEDICAL BENEFITS								
CORE								
PROGRAM DISTRIBUTIONS	21,996,590	0.00	22,815,549	0.00	22,603,920	0.00	0	0.00
TOTAL - PD	21,996,590	0.00	22,815,549	0.00	22,603,920	0.00	0	0.00
GRAND TOTAL	\$21,996,590	0.00	\$22,815,549	0.00	\$22,603,920	0.00	\$0	0.00
GENERAL REVENUE	\$21,996,590	0.00	\$22,815,549	0.00	\$22,603,920	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.740

Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

1a. What strategic priority does this program address?

Improve healthcare for blind participants

1b. What does this program do?

The Blind Pension Medical Program provides individuals with a state-only funded health care benefit package to accompany their monthly cash grant. The objectives of the program are to ensure proper health care for the general health and well-being of MO HealthNet participants, to ensure adequate supply of providers, and to increase preventive services for all MO HealthNet participants. Services provided under the Blind Pension Medical Program are reimbursed individually under the fee-for-service program and comprise .3% of the total MO HealthNet Division expenditures.

The Blind Pension Medical Program provides a state-only funded health care benefit for Blind Pension participants who do not qualify for Title XIX Medicaid. The Blind Pension benefit is provided for in law (ref. Missouri Constitution, Article III, Section 38 (b)) and includes the following eligibility requirements:

- Must be 18 years of age or older
- Missouri resident
- United States citizen or eligible non-citizen
- Has not given away, sold, or transferred real or personal property in order to be eligible for Blind Pension
- Effective 8/28/2018, is single, or married and living with spouse, and does not own real or personal property worth more than \$29,999
- Determined to be totally blind as defined by law (up to 5/200 or visual field of less than 5 degrees in the better eye)
- Willing to have a medical treatment or an operation to cure their blindness unless they are 75 years or older
- Is not a resident of a public, private, or endowed institution except a public medical institution
- Is found to be ineligible for Supplemental Aid to the Blind
- Is found ineligible to receive federal Supplemental Security Income benefits
- Effective 8/28/2018, does not have a valid drivers license in any state or territory
- Effective 8/28/2018, may not operate a motor vehicle
- Does not publicly solicit alms
- Is of good moral character
- Effective 8/28/2018, has no sighted spouse whose income is equal to or more than 500% of the Federal Poverty Level

PROGRAM DESCRIPTION

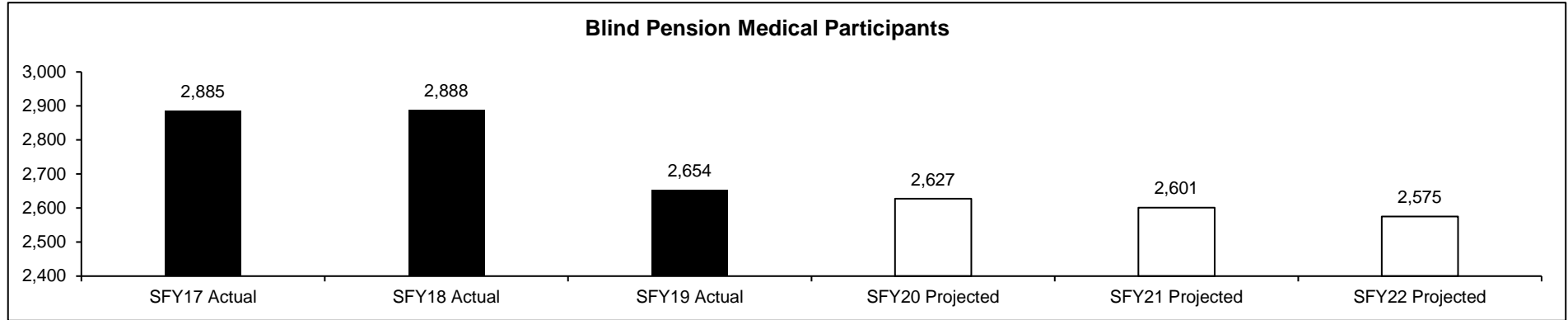
Department: Social Services

HB Section(s): 11.740

Program Name: Blind Pension Medical

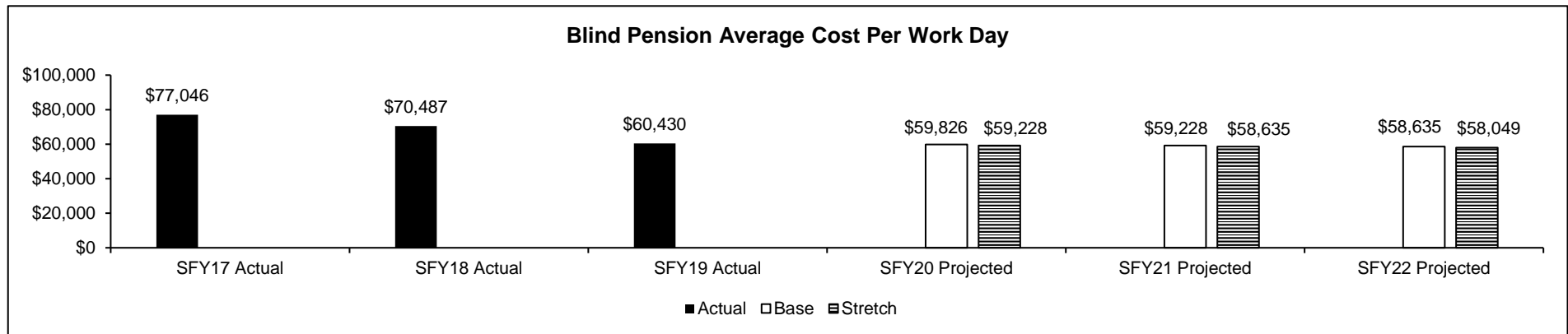
Program is found in the following core budget(s): Blind Pension Medical

2a. Provide an activity measure for the program.



Decrease in enrollment is due to cost containment measures. Blind Medical participants who are eligible under the Title XIV program are now receiving MO HealthNet benefits.

2b. Provide a measure of the program's quality.



MO HealthNet provides Medicaid coverage to blind pension medical participants when appropriate. Average cost per work day is found by taking the total amount of expenditures divided by the total number of days. Stretch amounts are decreasing due to participants being moved to Medicaid when appropriate.

PROGRAM DESCRIPTION

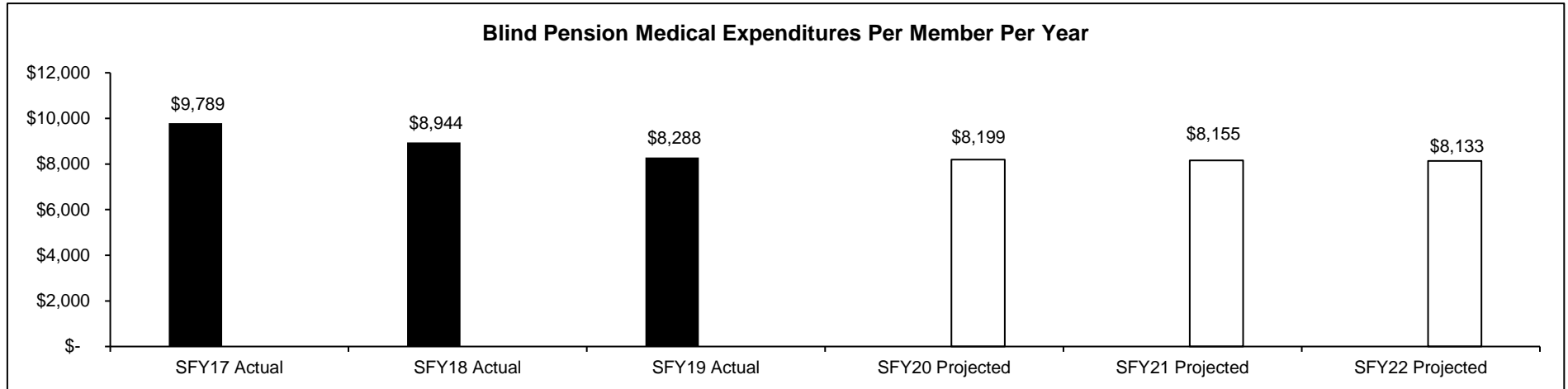
Department: Social Services

HB Section(s): 11.740

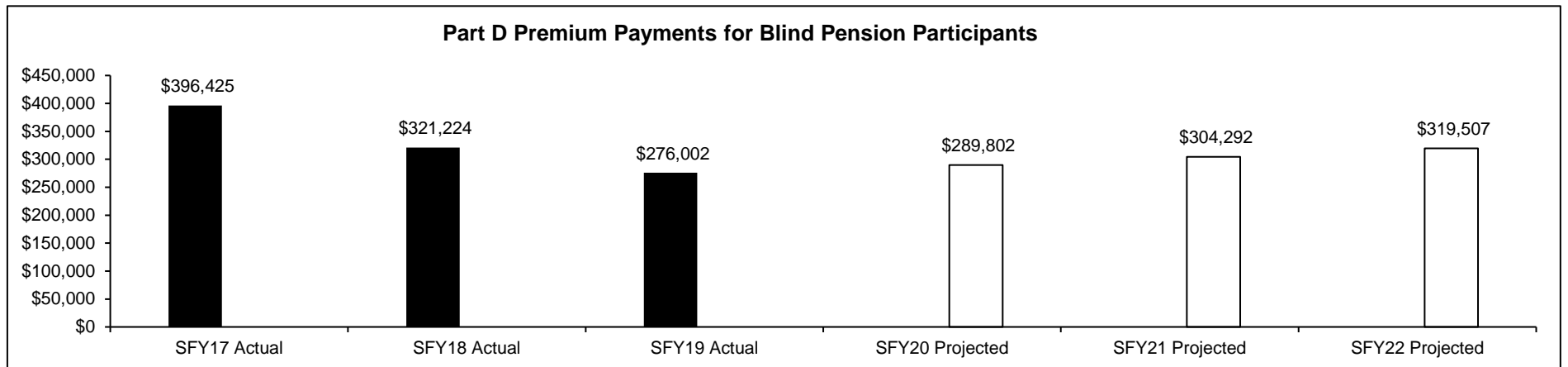
Program Name: Blind Pension Medical

Program is found in the following core budget(s): Blind Pension Medical

2c. Provide a measure of the program's impact.



2d. Provide a measure of the program's efficiency.



For qualifying blind pension participants, MO HealthNet pays the Medicare Part D premium.

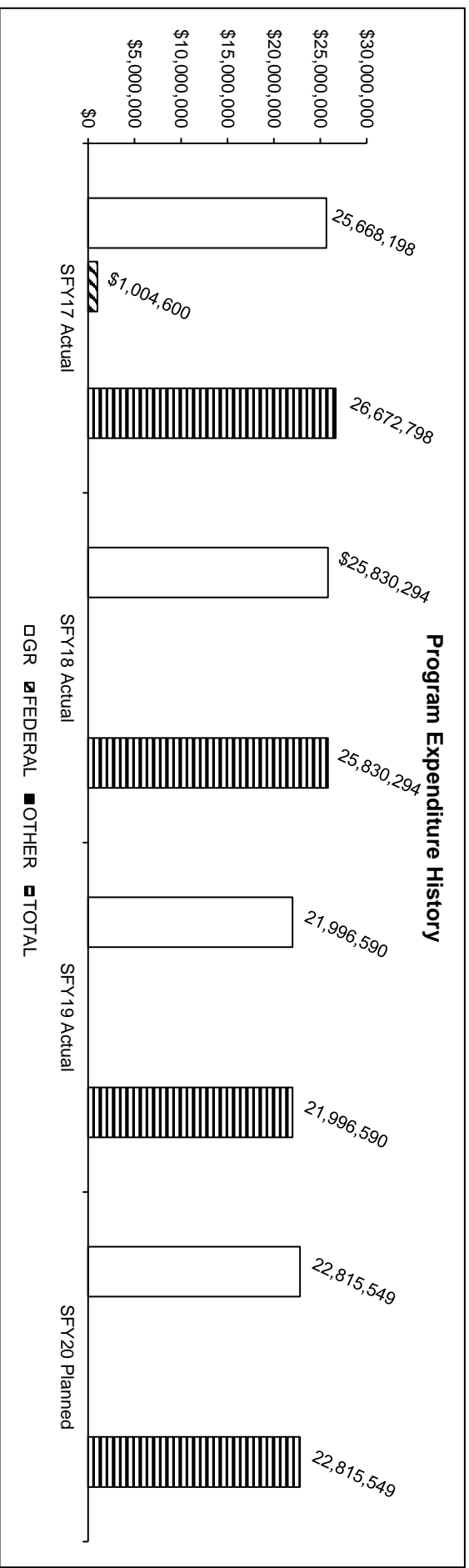
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.740

Program Name: Blind Pension Medical
Program is found in the following core budget(s): Blind Pension Medical

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.151 and 208.152, RSMo.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - IGT DMH Medicaid Program

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: IGT DMH Medicaid Program

Budget Unit: 90572C

HB Section: 11.750

1. CORE FINANCIAL SUMMARY

FY 2021 Budget Request				
	GR	Federal	Other	Total
PS				
EE				
PSD		500,077,646	203,482,221	703,559,867
TRF				
Total	0	500,077,646	203,482,221	703,559,867
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: DSS Intergovernmental Transfer Fund (0139) - \$203,482,221

FY 2021 Governor's Recommendation				
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
FTE				0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

The item funds payments for MO HealthNet participants and the uninsured through intergovernmental transfers for Community Psychiatric Rehabilitation (CPR) services, Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) services, Targeted Case Management (TCM) for behavioral health services, and Certified Community Behavioral Health Organizations (CCBHO).

3. PROGRAM LISTING (list programs included in this core funding)

Intergovernmental transfers for DMH Medicaid Program.

CORE DECISION ITEM

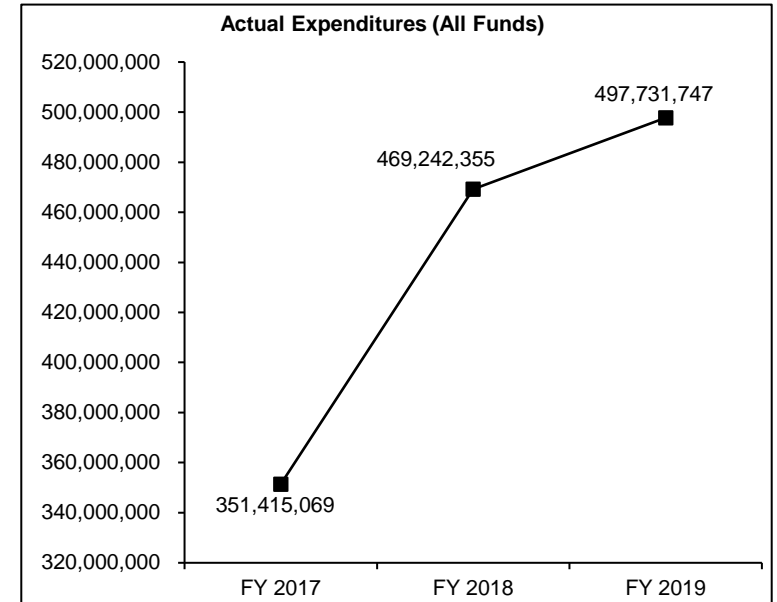
Department: Social Services
Division: MO HealthNet
Core: IGT DMH Medicaid Program

Budget Unit: 90572C

HB Section: 11.750

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	367,321,872	658,457,993	680,646,994	703,559,867
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	367,321,872	658,457,993	680,646,994	703,559,867
Actual Expenditures (All Funds)	351,415,069	469,242,355	497,731,747	N/A
Unexpended (All Funds)	15,906,803	189,215,638	182,915,247	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	9,831,128	139,063,991	138,718,579	N/A
Other	6,075,675	50,151,647	44,196,668	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
IGT DMH MEDICAID PROGRAM**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	500,077,646	203,482,221	703,559,867	
	Total	0.00	0	500,077,646	203,482,221	703,559,867	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	500,077,646	203,482,221	703,559,867	
	Total	0.00	0	500,077,646	203,482,221	703,559,867	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	500,077,646	203,482,221	703,559,867	
	Total	0.00	0	500,077,646	203,482,221	703,559,867	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT DMH MEDICAID PROGRAM								
CORE								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	361,359,067	0.00	500,077,646	0.00	500,077,646	0.00	0	0.00
INTERGOVERNMENTAL TRANSFER	136,372,680	0.00	203,482,221	0.00	203,482,221	0.00	0	0.00
TOTAL - PD	497,731,747	0.00	703,559,867	0.00	703,559,867	0.00	0	0.00
TOTAL	497,731,747	0.00	703,559,867	0.00	703,559,867	0.00	0	0.00
GRAND TOTAL	\$497,731,747	0.00	\$703,559,867	0.00	\$703,559,867	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT DMH MEDICAID PROGRAM								
CORE								
PROGRAM DISTRIBUTIONS	497,731,747	0.00	703,559,867	0.00	703,559,867	0.00	0	0.00
TOTAL - PD	497,731,747	0.00	703,559,867	0.00	703,559,867	0.00	0	0.00
GRAND TOTAL	\$497,731,747	0.00	\$703,559,867	0.00	\$703,559,867	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$361,359,067	0.00	\$500,077,646	0.00	\$500,077,646	0.00		0.00
OTHER FUNDS	\$136,372,680	0.00	\$203,482,221	0.00	\$203,482,221	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.750

Program Name: IGT DMH Medicaid Program

Program is found in the following core budget(s): IGT DMH Medicaid Program

1a. What strategic priority does this program address?

Support DMH Behavioral Health Programs

1b. What does this program do?

This program provides payments for Community Psychiatric Rehabilitation (CPR), Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR), behavioral health Targeted Case Management (TCM) and Certified Community Behavioral Health Organizations (CCBHO). The Department of Mental Health (DMH) utilizes an intergovernmental transfer (IGT) reimbursement methodology, where DMH serves as a provider of Medicaid services to the Department of Social Services for CSTAR, CPR, TCM and CCBHO services. The state match is provided using an IGT.

Federal Medicaid regulation (42 CFR 433.51) allows state and local governmental units (including public providers) to transfer to the Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state match to earn federal Medicaid funds. These transfers are called intergovernmental transfers (IGTs). This funding maximizes eligible costs for federal Medicaid funds, utilizing current state and local funding sources as match for services.

Beginning in FY 11, the MO HealthNet Division changed from a Certified Public Expenditure (CPE) process to an Intergovernmental Transfer (IGT) process for the non-federal share of CPR, CSTAR, TCM, and CCBHO services. MO HealthNet pays DMH a reasonable rate for the total costs of providing CPR, CSTAR, TCM, and CCBHO services. The IGT transfer proves that the state match is available for the CPR, CSTAR, TCM and CCBHO programs. The appropriated transfer from General Revenue is in the DMH budget. Under this methodology, reimbursement rates are established for CSTAR, CPR, TCM and CCBHO services and the MHD will reimburse DMH both the state and the federal share for these services.

This program is exempt from performance measures as it is an intergovernmental transfer.

PROGRAM DESCRIPTION

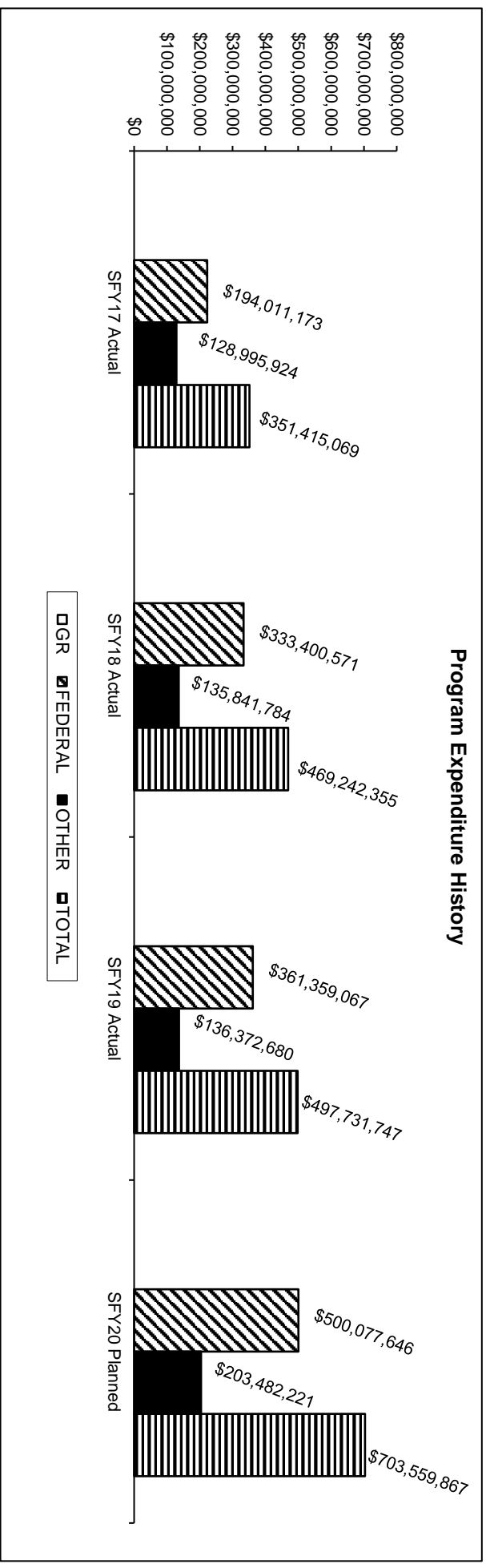
Department: Social Services

HB Section(s): 11.750

Program Name: IGT DMH Medicaid Program

Program is found in the following core budget(s): IGT DMH Medicaid Program

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Intergovernmental Transfer Fund (0139)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.152 and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.
No.

Core - MHD

Non-Count Transfers

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MHD Non-Count Transfers

Budget Units: 90589C, 90535C, 90537C, 90570C 90581C, 90583C, 90840C,
90845C, 90850C, 90855C, 90860C
HB Sections: 11.743, 11.745, 11.755, 11.760, 11.765, 11.770, 11.775, 11.780,
11.785, 11.790, 11.795

1. CORE FINANCIAL SUMMARY

	FY 2021 Budget Request			
	GR	Federal	Other	Total
PS				
EE				
PSD				
TRF	924,226,331	46,666,463	1,062,800,496	2,033,693,290
Total	924,226,331	46,666,463	1,062,800,496	2,033,693,290
 FTE	 0.00	 0.00	 0.00	 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
Pharmacy Reimbursement Allowance Fund (0144) - \$38,737,111
Ambulance Service Reimbursement Allowance Fund (0958) - \$20,837,332
DSS Intergovernmental Transfer Fund (0139) - \$137,074,165
Federal Reimbursement Allowance Fund (0142) - \$653,701,378
Nursing Facility Reimbursement Allowance Fund (0196) - \$212,450,510

	FY 2021 Governor's Recommendation			
	GR	Federal	Other	Total
PS				0
EE				0
PSD				0
TRF				0
Total	0	0	0	0
 FTE	 	 	 	 0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy Reimbursement Allowance Transfer
Ambulance Service Reimbursement Allowance Transfer
Intergovernmental Transfer
Federal Reimbursement Allowance Transfer
Nursing Facility Reimbursement Allowance Transfer
CHIP Increased Enhancement Transfer

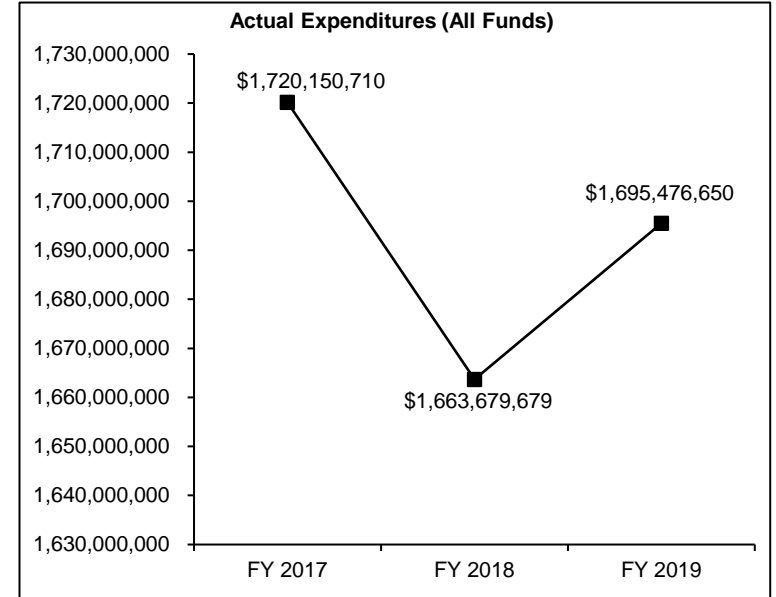
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MHD Non-Count Transfers

Budget Units: 90589C, 90535C, 90537C, 90570C 90581C, 90583C, 90840C, 90845C, 90850C, 90855C, 90860C
HB Sections: 11.743, 11.745, 11.755, 11.760, 11.765, 11.770, 11.775, 11.780, 11.785, 11.790, 11.795

4. FINANCIAL HISTORY

	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Yr.
Appropriation (All Funds)	1,912,011,951	1,946,837,877	1,987,337,877	2,033,693,290
Less Reverted (All Funds)	0	0	0	N/A
Less Restricted (All Funds)	0	0	0	N/A
Budget Authority (All Funds)	1,912,011,951	1,946,837,877	1,987,337,877	2,033,693,290
Actual Expenditures (All Funds)	1,720,150,710	1,663,679,679	1,695,476,650	N/A
Unexpended (All Funds)	191,861,241	283,158,198	291,861,227	N/A
Unexpended, by Fund:				
General Revenue	83,448,479	135,577,584	136,882,020	N/A
Federal	0	0	0	N/A
Other	108,412,762	147,580,614	154,979,207	N/A



Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
CHIP INC ENHANCE TRF**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	46,666,463	0	46,666,463	
	Total	0.00	0	46,666,463	0	46,666,463	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	46,666,463	0	46,666,463	
	Total	0.00	0	46,666,463	0	46,666,463	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	46,666,463	0	46,666,463	
	Total	0.00	0	46,666,463	0	46,666,463	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
IGT EXPEND TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	137,074,165	137,074,165	
	Total	0.00	0	0	137,074,165	137,074,165	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	137,074,165	137,074,165	
	Total	0.00	0	0	137,074,165	137,074,165	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	137,074,165	137,074,165	
	Total	0.00	0	0	137,074,165	137,074,165	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GR PHARMACY FRA TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	
DEPARTMENT CORE REQUEST							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	38,737,111	0	0	38,737,111	
	Total	0.00	38,737,111	0	0	38,737,111	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHARMACY FRA TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	38,737,111	38,737,111	
	Total	0.00	0	0	38,737,111	38,737,111	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
AMBULANCE SRV REIM ALLOW TRF**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	
DEPARTMENT CORE REQUEST							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	20,837,332	0	0	20,837,332	
	Total	0.00	20,837,332	0	0	20,837,332	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GR AMBULANCE SRV REIM ALL TRF**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	20,837,332	20,837,332	
	Total	0.00	0	0	20,837,332	20,837,332	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES GR FRA-TRANSFER

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	653,701,378	0	0	653,701,378	
	Total	0.00	653,701,378	0	0	653,701,378	
DEPARTMENT CORE REQUEST							
	TRF	0.00	653,701,378	0	0	653,701,378	
	Total	0.00	653,701,378	0	0	653,701,378	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	653,701,378	0	0	653,701,378	
	Total	0.00	653,701,378	0	0	653,701,378	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
FED REIMBURSE ALLOW-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	653,701,378	653,701,378	
	Total	0.00	0	0	653,701,378	653,701,378	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	653,701,378	653,701,378	
	Total	0.00	0	0	653,701,378	653,701,378	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	653,701,378	653,701,378	
	Total	0.00	0	0	653,701,378	653,701,378	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
GR NFFRA-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	
DEPARTMENT CORE REQUEST							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	210,950,510	0	0	210,950,510	
	Total	0.00	210,950,510	0	0	210,950,510	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY REIM-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	210,950,510	210,950,510	
	Total	0.00	0	0	210,950,510	210,950,510	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITY QLTY-TRANSFER**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	
DEPARTMENT CORE REQUEST							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	
GOVERNOR'S RECOMMENDED CORE							
	TRF	0.00	0	0	1,500,000	1,500,000	
	Total	0.00	0	0	1,500,000	1,500,000	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHIP INC ENHANCE TRF								
CORE								
FUND TRANSFERS								
TITLE XIX-FEDERAL AND OTHER	40,500,000	0.00	0	0.00	0	0.00	0	0.00
CHIP INCREASED ENHANCEMENT	0	0.00	46,666,463	0.00	46,666,463	0.00	0	0.00
TOTAL - TRF	40,500,000	0.00	46,666,463	0.00	46,666,463	0.00	0	0.00
TOTAL	40,500,000	0.00	46,666,463	0.00	46,666,463	0.00	0	0.00
GRAND TOTAL	\$40,500,000	0.00	\$46,666,463	0.00	\$46,666,463	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT EXPEND TRANSFER								
CORE								
FUND TRANSFERS								
INTERGOVERNMENTAL TRANSFER	78,788,028	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
TOTAL - TRF	78,788,028	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
TOTAL	78,788,028	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
GRAND TOTAL	\$78,788,028	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR PHARMACY FRA TRANSFER								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	33,620,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	33,620,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL	33,620,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$33,620,216	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY FRA TRANSFER								
CORE								
FUND TRANSFERS								
PHARMACY REIMBURSEMENT ALLOWAN	33,620,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	33,620,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL	33,620,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$33,620,216	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
AMBULANCE SRV REIM ALLOW TRF								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	6,370,380	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,370,380	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL	6,370,380	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,370,380	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR AMBULANCE SRV REIM ALL TRF								
CORE								
FUND TRANSFERS								
AMBULANCE SERVICE REIMB ALLOW	6,370,380	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,370,380	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL	6,370,380	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,370,380	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR FRA-TRANSFER								
CORE								
FUND TRANSFERS								
GENERAL REVENUE	567,663,519	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL - TRF	567,663,519	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL	567,663,519	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
GRAND TOTAL	\$567,663,519	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMBURSE ALLOW-TRANSFER								
CORE								
FUND TRANSFERS								
FEDERAL REIMBURSEMENT ALLOWANCE	567,663,519	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL - TRF	567,663,519	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL	567,663,519	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
GRAND TOTAL	\$567,663,519	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
GR NFFRA-TRANSFER									
CORE									
FUND TRANSFERS									
GENERAL REVENUE	179,690,196	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
TOTAL - TRF	179,690,196	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
TOTAL	179,690,196	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
GRAND TOTAL	\$179,690,196	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00	

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
NURSING FACILITY REIM-TRANSFER									
CORE									
FUND TRANSFERS									
NURSING FACILITY FED REIM ALLW	179,690,196	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
TOTAL - TRF	179,690,196	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
TOTAL	179,690,196	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00	
GRAND TOTAL	\$179,690,196	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00	

9/16/19 15:14

im_disummary

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY QLTY-TRANSFER								
CORE								
FUND TRANSFERS								
NURSING FACILITY FED REIM ALLW	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL - TRF	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
GRAND TOTAL	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$0	0.00

9/16/19 15:14

im_disummary

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHIP INC ENHANCE TRF								
CORE								
TRANSFERS OUT	40,500,000	0.00	46,666,463	0.00	46,666,463	0.00	0	0.00
TOTAL - TRF	40,500,000	0.00	46,666,463	0.00	46,666,463	0.00	0	0.00
GRAND TOTAL	\$40,500,000	0.00	\$46,666,463	0.00	\$46,666,463	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$40,500,000	0.00	\$46,666,463	0.00	\$46,666,463	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
IGT EXPEND TRANSFER								
CORE								
TRANSFERS OUT	78,788,028	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
TOTAL - TRF	78,788,028	0.00	137,074,165	0.00	137,074,165	0.00	0	0.00
GRAND TOTAL	\$78,788,028	0.00	\$137,074,165	0.00	\$137,074,165	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$78,788,028	0.00	\$137,074,165	0.00	\$137,074,165	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR PHARMACY FRA TRANSFER								
CORE								
TRANSFERS OUT	33,620,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	33,620,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$33,620,216	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00
GENERAL REVENUE	\$33,620,216	0.00	\$38,737,111	0.00	\$38,737,111	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY FRA TRANSFER								
CORE								
TRANSFERS OUT	33,620,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
TOTAL - TRF	33,620,216	0.00	38,737,111	0.00	38,737,111	0.00	0	0.00
GRAND TOTAL	\$33,620,216	0.00	\$38,737,111	0.00	\$38,737,111	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$33,620,216	0.00	\$38,737,111	0.00	\$38,737,111	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
AMBULANCE SRV REIM ALLOW TRF								
CORE								
TRANSFERS OUT	6,370,380	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,370,380	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,370,380	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00
GENERAL REVENUE	\$6,370,380	0.00	\$20,837,332	0.00	\$20,837,332	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR AMBULANCE SRV REIM ALL TRF								
CORE								
TRANSFERS OUT	6,370,380	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
TOTAL - TRF	6,370,380	0.00	20,837,332	0.00	20,837,332	0.00	0	0.00
GRAND TOTAL	\$6,370,380	0.00	\$20,837,332	0.00	\$20,837,332	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$6,370,380	0.00	\$20,837,332	0.00	\$20,837,332	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR FRA-TRANSFER								
CORE								
TRANSFERS OUT	567,663,519	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL - TRF	567,663,519	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
GRAND TOTAL	\$567,663,519	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00
GENERAL REVENUE	\$567,663,519	0.00	\$653,701,378	0.00	\$653,701,378	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
FED REIMBURSE ALLOW-TRANSFER								
CORE								
TRANSFERS OUT	567,663,519	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
TOTAL - TRF	567,663,519	0.00	653,701,378	0.00	653,701,378	0.00	0	0.00
GRAND TOTAL	\$567,663,519	0.00	\$653,701,378	0.00	\$653,701,378	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$567,663,519	0.00	\$653,701,378	0.00	\$653,701,378	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
GR NFFRA-TRANSFER								
CORE								
TRANSFERS OUT	179,690,196	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	179,690,196	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$179,690,196	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00
GENERAL REVENUE	\$179,690,196	0.00	\$210,950,510	0.00	\$210,950,510	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY REIM-TRANSFER								
CORE								
TRANSFERS OUT	179,690,196	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
TOTAL - TRF	179,690,196	0.00	210,950,510	0.00	210,950,510	0.00	0	0.00
GRAND TOTAL	\$179,690,196	0.00	\$210,950,510	0.00	\$210,950,510	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$179,690,196	0.00	\$210,950,510	0.00	\$210,950,510	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2019	FY 2019	FY 2020	FY 2020	FY 2021	FY 2021	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITY QLTY-TRANSFER								
CORE								
TRANSFERS OUT	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
TOTAL - TRF	1,500,000	0.00	1,500,000	0.00	1,500,000	0.00	0	0.00
GRAND TOTAL	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$1,500,000	0.00	\$1,500,000	0.00	\$1,500,000	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

Program Name: MHD Non-Count Transfers

Program is found in the following core budget(s): MHD Non-Count Transfers

**HB Section(s): 11.743, 11.745, 11.755, 11.760, 11.765, 11.770,
11.775, 11.780, 11.785, 11.790, 11.795**

1a. What strategic priority does this program address?

Transfers between funds

1b. What does this program do?

This authority provides multiple non-counted transfers between funds. Federal regulation requires states to establish that they have sufficient state dollars available in order to draw down the federal matching dollars. These transfers are used for that purpose.

Reimbursement Allowance Transfers

Federal Medicaid regulation requires states to establish they have sufficient state dollars available in order to receive federal Medicaid matching funds.

The following transfers are used as accounting mechanisms to meet this requirement:

- Pharmacy
- Ambulance Service Reimbursement Allowance Transfer
- Federal Reimbursement Allowance Transfer
- Nursing Facility Reimbursement Allowance Transfer

NOTE: The provider assessment programs listed above have been reauthorized by the General Assembly through September 30, 2020.

Intergovernmental Transfer

State and local governmental units (including public providers) are authorized to transfer to the state Medicaid agency the non-federal share of Medicaid payments. The amounts transferred are used as the state match to earn federal Medicaid matching funds. These transfers are called intergovernmental transfers (IGTs) and maximize eligible state resources for federal Medicaid funds, utilizing current state and local funding sources as match for services.

Nursing Facility Quality of Care Fund Transfer

In accordance with section 198.418.1, RSMo, funding up to 5% of the federal funds desposited to the Nursing Facility Reimbursement Allowance fund each year (not to exceed \$1,500,000) is transferred from the Nursing Facility Federal Reimbursement Allowance Fund to the Nursing Facility Quality of Care Fund to be used by the Department of Health and Senior Services (upon appropriation) for conducting inspections and surveys and providing training and technical assistance to facilities licensed under the provisions of Chapter 198.

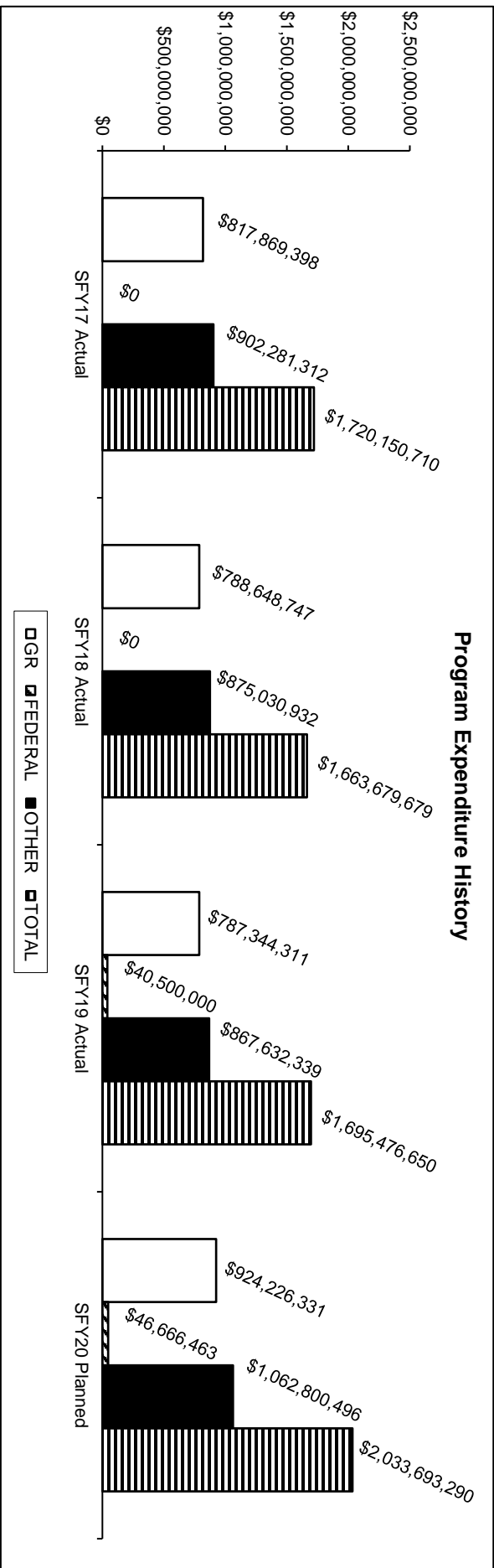
This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION

Department: Social Services
 Program Name: MHD Non-Count Transfers
 Program is found in the following core budget(s): MHD Non-Count Transfers

HB Section(s): 11.743, 11.745, 11.755, 11.760, 11.765, 11.770, 11.775, 11.780, 11.785, 11.790, 11.795

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Pharmacy Reimbursement Allowance Fund (0144), Ambulance Service Reimbursement Allowance Fund (0958), DSS Intergovernmental Transfer Fund (0139), Federal Reimbursement Allowance Fund (0142), and Nursing Facility Reimbursement Allowance Fund (0196).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 198.418.1, 208.152, and 208.153, RSMo. Federal law: Social Security Act Sections 1905(a)(1) and (2)(d)(5)(h). Federal Regulations: 42 CFR 433.51 and 440.20.

6. Are there federal matching requirements? If yes, please explain.
 No.

7. Is this a federally mandated program? If yes, please explain.
 No.